



Report

on the Health of the


City of Liverpool

for the year

1972

by the

MEDICAL OFFICER OF HEALTH



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1972

by

ANDREW B. SEMPLE, C.B.E., V.R.D., M.D., D.P.H.,
Medical Officer of Health

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Health Committee 1972/3

Chairman	I Levin
Deputy Chairman	F J McGurk
Aldermen	A N Bates M Josephine Powell R Rattray F Wolfenden
Councillors	W F Burke H Francis W M Galbraith T Higgins T McManus Christine O'Rourke J F Stevens Dr C Taylor P Tunna N Wood
Representing Local Executive Council	J H Sunter W J Tristram, CBE, JP, FPS
Representing Local Medical Committee	Dr H Debson Dr I G Bogle

Environmental Health and Protection Committee 1972/73

Chairman

L Caplan

Deputy Chairman

M Black

Aldermen

R F Craine, MBE

A Dunford

J E Kendrick

W Thomas

D E Williams

Councillors

S B Caulfield

A Doswell

O J Doyle

K W Hart

J F Jones

Ellen Kelly

W A Limont

G G Pratt

C H J Winter

E T Mooney

Social Services Committee 1972/73

Chairman	Dr C Taylor
Deputy Chairman	Margaret B Simey
Aldermen	A N Bates M Josephine Powell R Rattray F Woolfenden
Councillors	Marion Browne, MBE W F Burke H Francis W M Galbraith T Higgins T Larty I Levin F J McGurk J McLean T McManus Christine O'Rourke J F Stevens P Tunna N Wood E A Bestwick
Advisory Members	
<i>Old People's Welfare Council</i>	Mrs M Whitgreave (Organiser)
<i>Personal Services Society</i>	Mrs S Kay
<i>Welfare Organisation Committee Liverpool Council of Social Services</i>	Mr J M Moores, Jnr (Chairman) Miss Barbara Wood
<i>Liverpool Catholic Children's Protection Society</i>	Father J Dunne (Administrator)

Senior Staff

HEALTH DEPARTMENT

Medical Officer of Health	Professor Andrew B Semple, CBE, VRD, MD, DPH
Principal Medical Officer (Epidemiology) (A/Deputy in absence of MOH)	R S E Cutliffe, MRCS, LRCP, DPH
Principal Medical Officer (Mental Health)	T L Begg, MB, ChB, DPH
Principal Medical Officer (Medical Examinations)	
Principal Administrative Officer	A C James, Dipl PA

PERSONAL HEALTH SERVICES DEPARTMENT

Director	Miss Esther M E Ramsay, MB, ChB, DPH
Chief Ambulance Officer	A Guinney
Principal Nursing Officers	Miss A Watson B H Dickinson Miss I Ferguson

SOCIAL SERVICES DEPARTMENT

Director	Brian Meredith Davies, MD, DPH
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ENVIRONMENTAL HEALTH AND PROTECTION DEPARTMENT

Director	Miss Audrey Lees, BArch, ARIBA, Dipl TP, MTPI
Chief Public Health Inspector	W H Wattleworth

Preface

I have the honour to present my 21st Annual Report as Medical Officer of Health of the City of Liverpool and the 125th report in the series.

As I am no longer directly responsible for the management of most of the services which have to be mentioned in the statutory report, the report is divided into four parts:

- Part A The Health Department for which I am fully responsible.
- Part B The Personal Health Services Department under the direction of the Director of Personal Health Services (Dr E. M. Ramsay).
- Part C The Social Services Department under the management direction of the Director of Social Services (Dr Brian Meredith Davies).
- Part D The Environmental Health and Protection Department under the management control of the Director (Miss Audrey Lees).

As a functional officer I am still responsible for all the health standards of the city, and for advising the Council on all public health and medical matters.

Compared with the previous year the number of births in 1972 fell by more than a thousand. The crude birth rate of 14.5 per 1,000 of the population is the lowest on record, and below the national rate (which was 14.8) for the second year in succession. When adjusted by the comparability factor, which compensates for the different sex and age structure of the local population, as compared with the national average, the rate becomes 15.1.

According to the Registrar-General's estimate the city's population has continued to fall. The effect of the loss caused by the movement of population away from the city is being accentuated by a reduction in the surplus of births over deaths. For example, in 1963, there were 15,775 births and 8,908 deaths, a surplus of 6,867 births as compared with deaths. In 1972 there were 8,511 births and 7,979 deaths, the surplus being reduced to 532. During the intervening years there has been an almost continuous decline in the surplus. If present trends continue, as seems quite possible in the short run, there could well be more deaths than births in 1973. A table is included in the report showing trends in births, deaths and population over the last twelve years.

The number of illegitimate births has fallen from 1,131 in 1971 to 1,026 in 1972, whilst the total live births have fallen from 9,551 to 8,511. It can be seen that as a proportion of the year's live births the illegitimate births have risen from 11.8% in 1971 to 12.1% in 1972.

The infant mortality rate this year has dropped considerably from 22.0 to 14.8 per 1,000 live births. This is the lowest Liverpool figure on record.

Measles notifications over recent years show a clear biennial pattern, the figure for 1972 being 3,995 as compared with only 569 in 1971, and 7,110 in 1970.

Notifications of whooping cough this year fell from 146 to 50, the lowest recorded figure. This is primarily a disease of early childhood, and as the number of births falls and the susceptible population diminishes, a fall in the number of cases could be expected, though not such a marked fall as this.

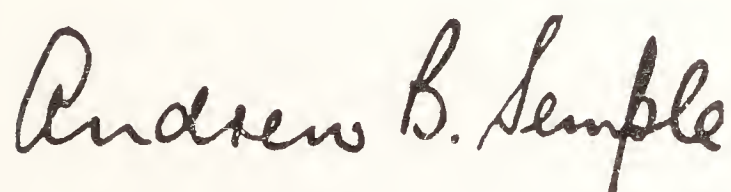
The new management arrangements are now fully operational in Liverpool and although they leave much to be desired, especially in the various aspects of collaboration, they are satisfactory because the responsible officers are almost all former members of the Health Department, who worked together as an integrated team in the past. And now, we are in the midst of yet another reorganisation to implement the requirements of the White Paper on the National Health Service Reorganisation: England (Cmnd 5055) and the provisions of the National Health Service Reorganisation Act.

I welcome this new move for two reasons. First, an integrated health and medical care service is timely and will promote efficiency in health care for the public. Second, as the areas where collaboration must take place between the new health authorities and the local authorities have been studied, defined and detailed rules for collaboration laid down, this will provide a better basis for collaboration for the future. But as always, success will depend on good will and a willingness to work together by all concerned.

I wish to record my thanks to the staff of the Health Department for their continued efforts and loyal support, and the three directors of the new departments for providing information for inclusion in this report in respect of the services for which I am no longer personally responsible. I am also grateful to the Chairmen and members of the Committees which now deal with the former Health Department services.

I am,

Your obedient servant,

A handwritten signature in dark ink, reading "Andrew B. Semple". The script is cursive and fluid, with the first letter 'A' being particularly large and stylized. The signature is written on a plain white background.

Medical Officer of Health.

PART A – HEALTH DEPARTMENT

Vital Statistics

	1970	1971	1972
Area (land and inland water)—acres	27,819	27,819	27,819
Population (Estimated by Registrar-General)	667,000	603,210	588,600
Deaths (all causes)	8,050	7,974	7,979
Death rate per 1,000 (unstandardised)	12.1	13.2	13.6
Live Births	10,673	9,551	8,511
Live Birth rate per 1,000 population	16.0	15.8	14.5
Percentage of illegitimate live births	11.5	11.8	12.1
Stillbirths	174	150	133
Stillbirth rate per 1,000 total (live and still) births	16.0	15.5	15.4
Total Births (live births and still births)	10,847	9,701	8,644
Infant Deaths (under one year)	225	210	126
Infant Mortality rate per 1,000 live births	21.1	22.0	14.8
„ „ „ 1,000 legitimate births	21.2	20.9	15.0
„ „ „ 1,000 illegitimate births	20.3	30.9	13.6
Neo-Natal Mortality rate (under 28 days) per 1,000 related live births	13.4	14.4	10.9
Early Neo-Natal Mortality rate (under one week) per 1,000 related live births	11.3	12.3	9.6
Perinatal Mortality rate (stillbirths and deaths under one week) per 1,000 total live and stillbirths	27.2	27.5	24.9
Maternal Deaths	3	1	3
Maternal Mortality rate per 1,000 total births	0.277	0.103	0.347
Deaths from:			
Pulmonary Tuberculosis	24	21	21
Death rate per 1,000 population (unstandardised)	0.036	0.035	0.036
Non-Pulmonary Tuberculosis	7	5	4
Death rate per 1,000 population (unstandardised)	0.010	0.008	0.007
Respiratory Diseases	1,352	1,268	1,283
Death rate per 1,000 population (unstandardised)	2.0	2.1	2.2
Cancer (all forms)	1,752	1,736	1,808
Death rate per 1,000 population (unstandardised)	2.6	2.9	3.1

POPULATION

The Registrar-General's estimate of the city's population shows a reduction of 14,610 over the 1971 figure.

Births

The number of live births (8,511) shows a fall of over a thousand, and the live birth rate is the lowest on record, being 14.5 per 1,000 of the population, compared with the national rate of 14.8. The equivalent rates for 1971 were Liverpool 15.8, national 16.0. Increased emphasis on family planning is probably the main factor involved. This is borne out by the fact that the number of Liverpool births at the time of the 1961 census (16,492) in relation to the number of women aged 15–44 (150,788) represented a rate of 109 births per thousand women, whereas in 1971, when the numbers were 9,551 and 113,635, the rate had reduced to 84. Equivalent population detail for 1972 is not available, but a calculation assuming the same proportion of women aged 15–44 as in 1971 gives a rate of 77 births per 1,000 women of childbearing age in 1972. Another factor in the reduction in births is the changing age structure of the population. Since the 1961 census there has been a fall in the proportion of women of child-bearing age in the city. In 1961 women aged 15–44 constituted 38.7% of the female population of the city (150,788 out of 389,257) whereas in 1971 the proportion was 36.0% (113,635 out of 315,530).

A table showing population trends from 1961 to 1972 is included on page 28.

There has been a drop in the number of illegitimate births from 1,131 in 1971 to 1,026 in 1972, but the percentage of illegitimate births has increased from 11.8% to 12.1% of all live births.

Stillbirths

The 133 stillbirths registered in the city during the year represent a stillbirth rate per thousand total live and stillbirths of 15.4. The stillbirth rate among illegitimate babies was 14.4 and among legitimate babies 15.5 per thousand.

Mortality

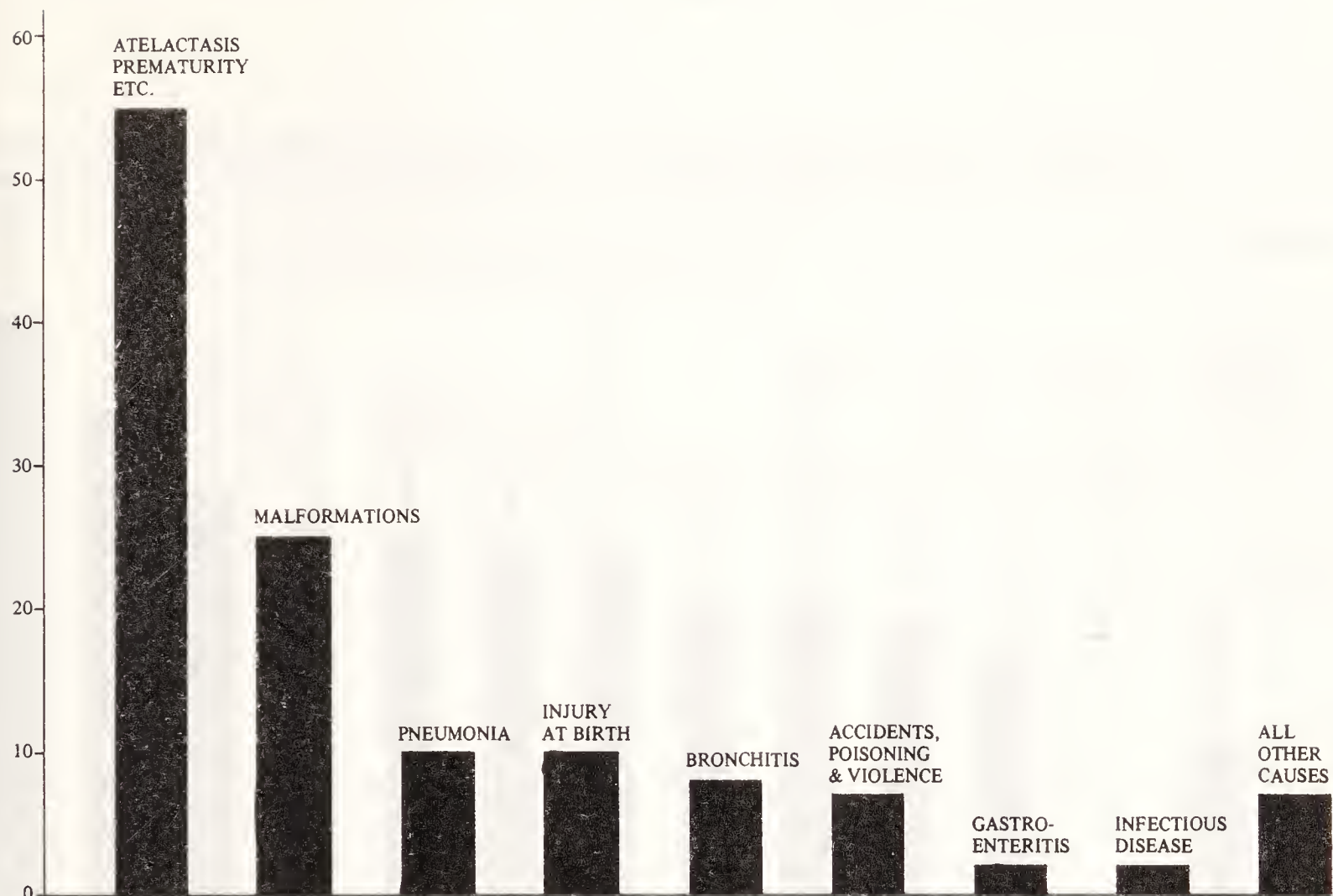
Total deaths have remained almost the same as in 1971. The rise in the crude death rate from 13.2 to 13.6 is related to the increasing proportion of older persons in the population. When adjusted by the Registrar-General's Comparability Factor the death rate has actually fallen from 15.2 in 1971 to 14.3 in 1972.

The number of deaths from cancer of the respiratory system was 561 compared with 567 in 1971. Deaths from tuberculosis were 25 compared with 26 in 1971. The trends of mortality of certain specified diseases are given in the tables in the statistical appendix.

Infant Mortality

It is pleasing to note that the infant mortality rate this year has dropped considerably, from 22.0 to 14.8 per 1,000 live births. This is lower than the national rate of 17, and is the lowest Liverpool figure on record. A total number of 126 infant deaths occurred, of which 14 were deaths of illegitimate children. These figures give an infant mortality rate of 15.0 per thousand legitimate live births, compared with 20.9 in 1971, and an infant mortality rate of 13.6 per thousand illegitimate live births, compared with 30.9 in 1971. The neonatal mortality rate (under 28 days) was 10.9 as compared with 14.4 for the previous year, whilst the early neonatal mortality rate (under one week) was 9.6 as compared with 12.3 per thousand related live births. The principal causes of infant mortality are represented in the following diagram:—

PRINCIPAL CAUSES OF INFANT MORTALITY – 1972
(Underlying Primary Cause)

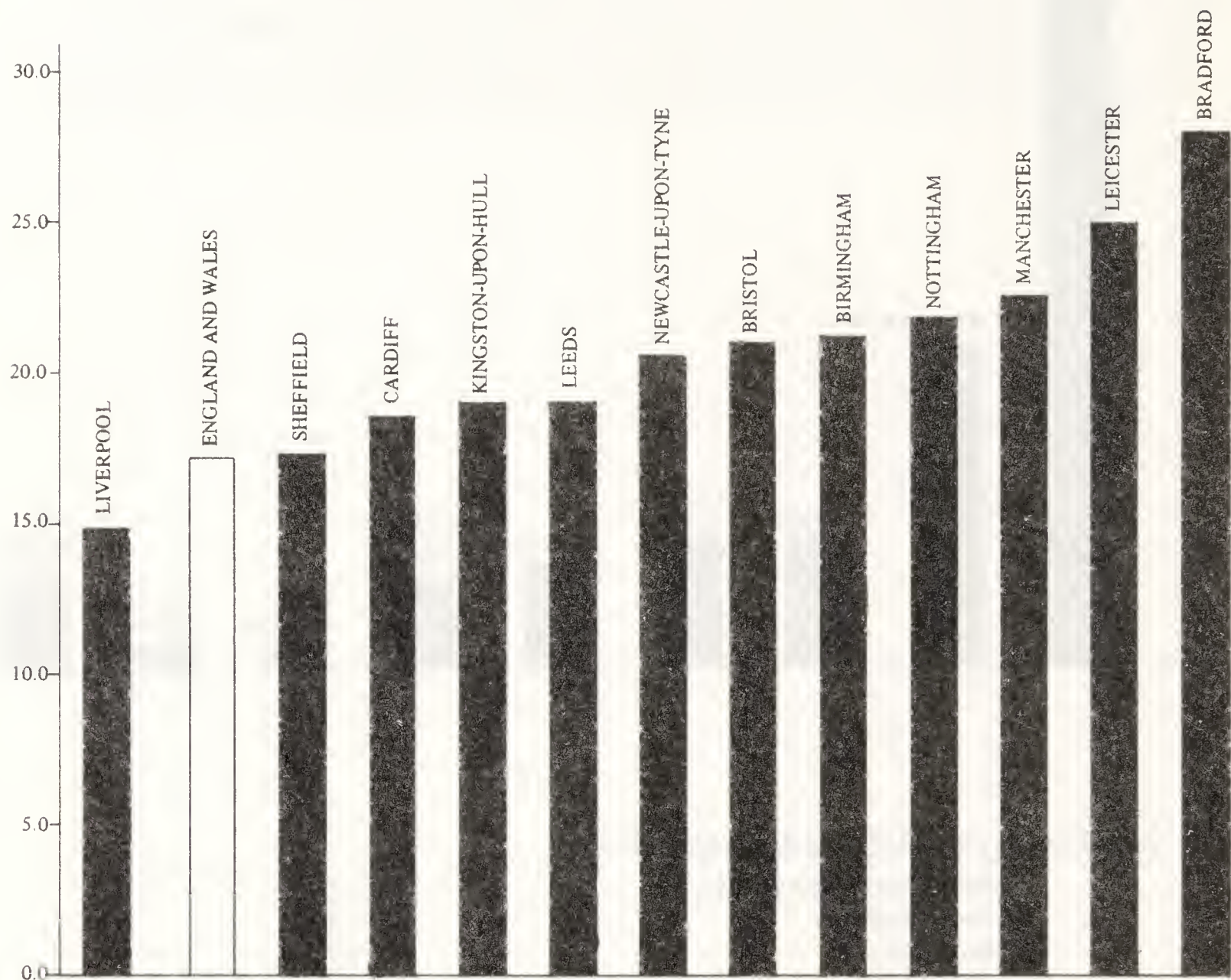


Code Numbers included in each category (List A)

Atelactasis, prematurity, etc.	133–5
Malformations	126–130
Bronchitis	89, 93
Pneumonia	91, 92
Injury at birth	131, 132
Gastroenteritis	5
Violence	138–150
Infectious disease	1–4, 6–44, 72
All other causes	remainder

These code numbers are from the eighth revision of the W.H.O. Manual, published 1967

CHART SHOWING INFANT MORTALITY FOR A NUMBER OF THE LARGER AUTHORITIES FOR 1972, COMPARED WITH ENGLAND AND WALES



Child Mortality

The various causes of child mortality both in total and for specific diseases are given in the table illustrated below.

YEARLY MEAN NUMBER OF DEATHS IN SUCCESSIVE QUINQUENNIA, 1920-1969, AND TOTAL DEATHS IN THE YEARS 1970, 1971 AND 1972

Year	Deaths under 1 year	Deaths, 1 year and under 5 years of age							
		Total 1 year and under 5 years of age	Infectious Diseases (including T.B.)	Respiratory Diseases	Digestive Diseases	Measles	Whooping Cough	Diphtheria	Scarlet Fever
						Included in Infectious Diseases			
1920-24	2,278	1,349	557	513	121	202	109	62	28
1925-29	1,879	1,252	564	461	121	227	118	61	23
1930-34	1,601	890	456	278	63	200	72	79	9
1935-39	1,283	487	243	147	30	79	46	58	3
1940-44	1,140	366	160	94	17	27	23	45	1
1945-49	1,100	168	67	36	13	8	15	9	—
1950-54	553	100	26	22	5	2	4	—	—
1955-59	432	57	7	12	5	1	—	—	—
1960-64	426	52	3	11	3	1	1	—	—
1965-69	280	40	2	7	1	1	—	—	—
1970	225	26	1	5	—	—	—	—	—
1971	210	44	2	11	1	—	—	—	—
1972	126	34	1	5	1	—	—	—	—

Deaths from Cancer

The total number of deaths from cancer during the year was 1,808 as compared with 1,736 in 1971. The number of deaths from cancer of the respiratory tract was 561, a slight decrease on the figure of 567 for 1971.

Motor Vehicle Accidents

The number of deaths from motor vehicle accidents was 109, an increase of 14 over 1971. The following figures relate to deaths of Liverpool residents only, including those killed whilst outside Liverpool. Non-Liverpool residents killed in Liverpool are excluded:

Year	Deaths from motor vehicle accidents	Deaths registered outside Liverpool (included in previous column)
1957	93	21
1958	78	13
1959	98	25
1960	119	22
1961	112	24
1962	81	12
1963	86	17
1964	105	21
1965	115	20
1966	115	25
1967	101	17
1968	85	16
1969	86	20
1970	86	18
1971	95	20
1972	109	18

COMMENTS ON SOME RECENT TRENDS IN MORTALITY IN LIVERPOOL

Death rates from lung cancer and suicide have been standardised for the years 1961 to 1972, thus allowing for the changing age structure of the Liverpool population. (The ‘crude’ numbers of recorded deaths are shown in Table 1.)

(i) Cancer of trachea, bronchus and lung (W.H.O. Code A51)

Mortality from lung cancer has increased by an average of 1.6 deaths per annum per 100,000 population for both males and females between 1961 and 1972 (see fig. 1a). Note, however, that the relatively lower incidence of lung cancer in women means that the female mortality rate has nearly doubled between 1961 and 1972, compared with a 14% increase for males.

The average age at death from lung cancer has increased from 62 years in 1958 to 66 years in 1972 (fig. 1b). This probably reflects improvements in treatment rather than a change in the age of onset of the disease.

(ii) Suicide and self-inflicted injury (W.H.O. Code A147)

Suicides have fallen at the average rate of 0.6 per 100,000 population per annum for both males and females between 1961 and 1972 (see fig. 2). This represents a 70% decrease over the 11-year period for females and a 50% decrease for males.

NUMBER OF DEATHS FROM LUNG CANCER AND SUICIDE, LIVERPOOL 1961-1972

	Cancer of Trachea, Bronchus and Lung (W.H.O. Code A51)		Suicide and Self-inflicted Injury (W.H.O. Code A147)	
	Male	Female	Male	Female
1961	430	77	47	26
1962	399	68	46	29
1963	396	72	46	28
1964	431	75	40	24
1965	406	75	35	29
1966	433	88	37	19
1967	398	97	32	27
1968	476	82	39	25
1969	437	94	23	23
1970	445	112	19	7
1971	444	109	20	12
1972	435	117	31	9

CANCER OF THE TRACHEA, BRONCHUS & LUNG (W.H.O. Code A51),
LIVERPOOL 1961-1972

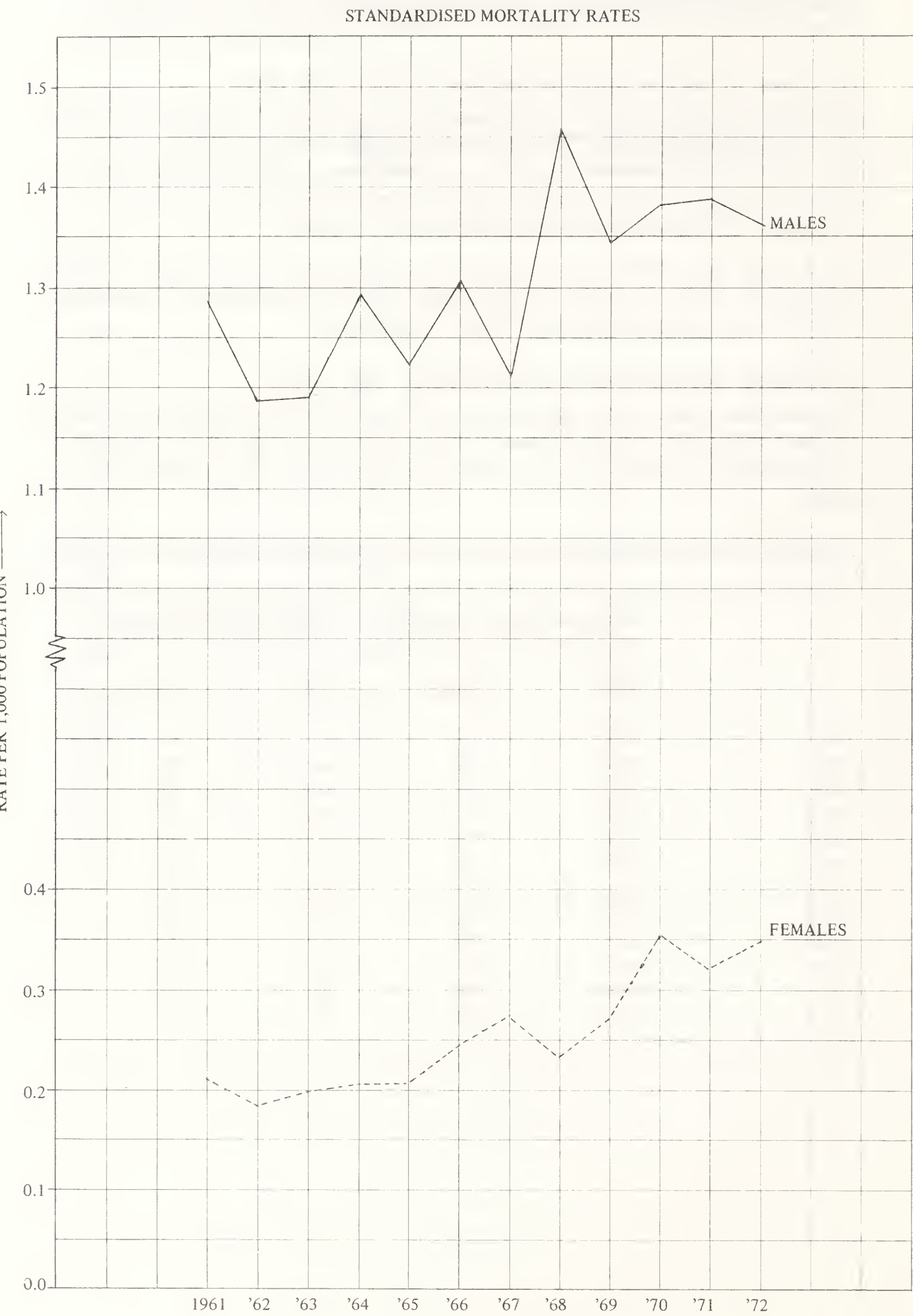


Fig. 1 (a)

CANCER OF TRACHEA, BRONCHUS & LUNG (W.H.O. Code 147),
LIVERPOOL 1958-1972

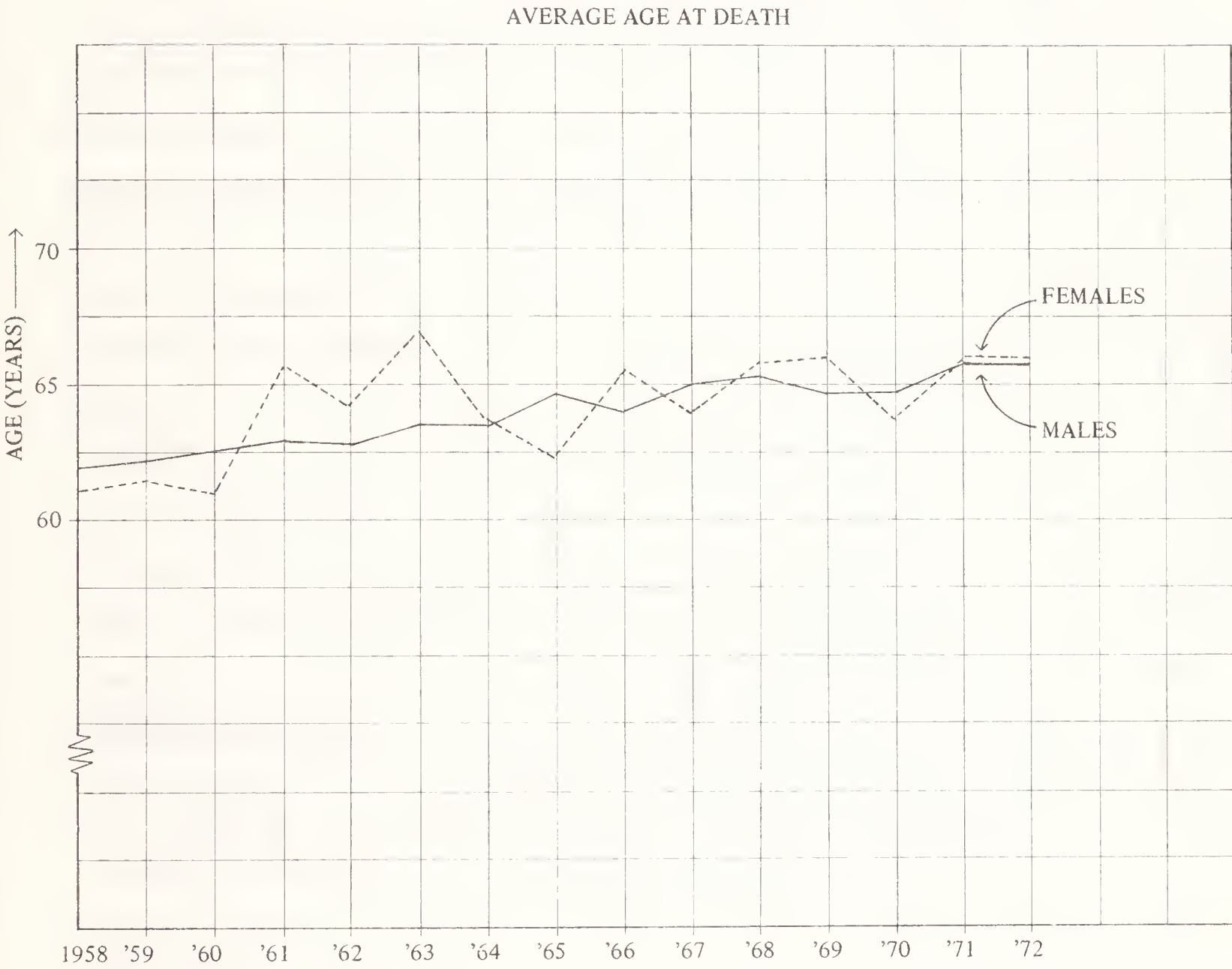


Fig. 1 (b)

SUICIDE & SELF-INFLICTED INJURY (W.H.O. Code A147),
LIVERPOOL 1961-1972

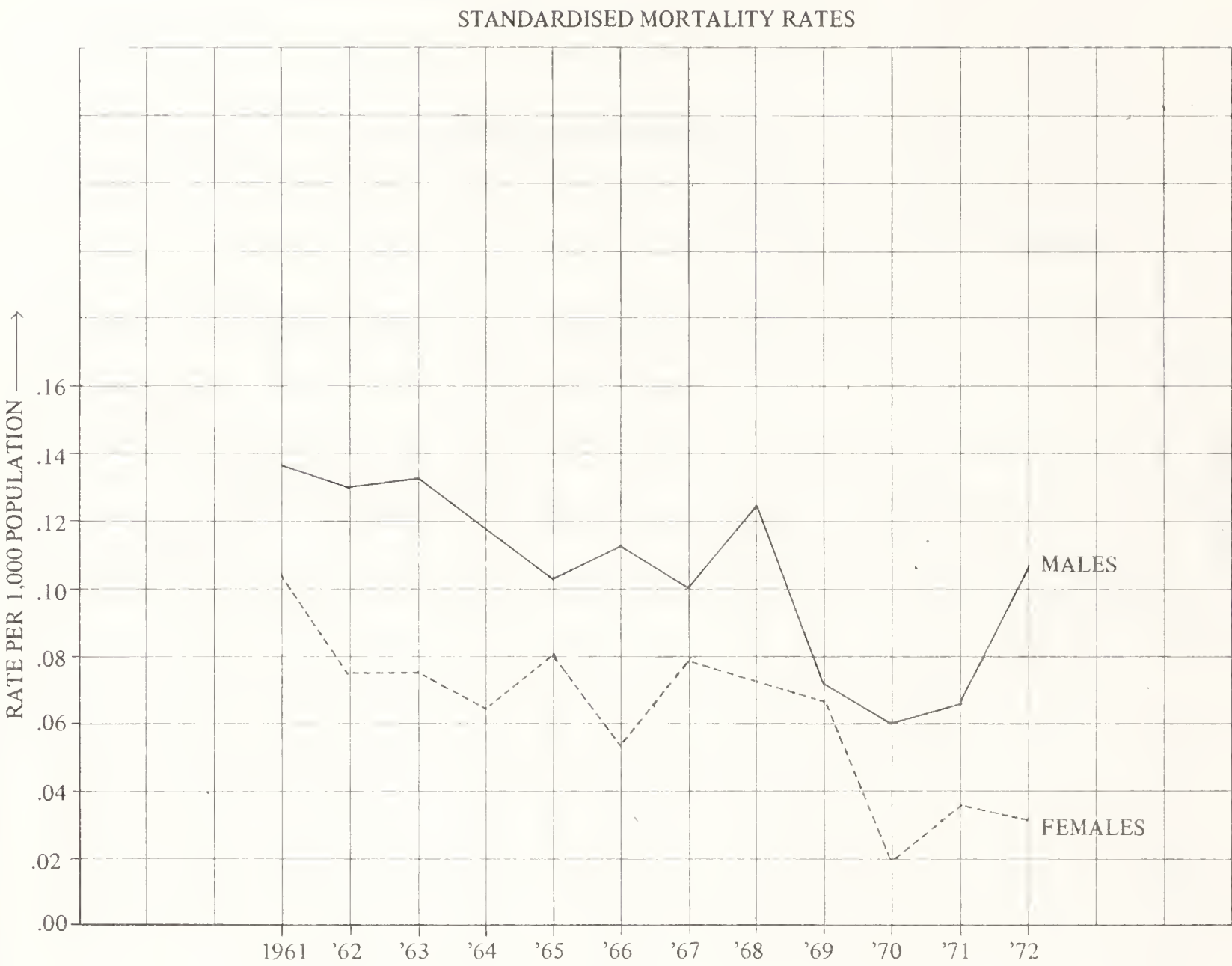


Fig. 2

Epidemiology

The number of cases of notifiable disease notified in 1972 compared with the preceding four years is shown in the table below:

	Notified Cases 1968	Notified Cases 1969	Notified Cases 1970	Notified Cases 1971	Notified Cases 1972
Scarlet Fever	185	329	436	204	200
Whooping Cough	609	209	734	146	50
Measles (excluding rubella)	4,444	1,112	7,110	569	3,995
Poliomyelitis	3	—	—	—	—
Tuberculosis, respiratory	219	186	169	169	140
Tuberculosis, non-respiratory	33	28	28	34	14
Diphtheria	—	—	—	—	—
Smallpox	—	—	—	—	—
Meningococcal Infection	3(A)				
Meningitis Acute	2(B)	4	5	12	2
Acute Encephalitis, post-infectious	—	—	—	—	—
Dysentery	341	386	84	377	167
Ophthalmia Neonatorum	70	64	80	52	45
Puerperal Pyrexia	269(A)				
Acute Pneumonia (primary or influenzal)	70(A)				
Paratyphoid Fever	1	1	1	—	1
Typhoid Fever	1	1	—	1	2
Food Poisoning	139	93	155	107	120
Erysipelas	13(A)				
Malaria (contracted abroad)	5	4	2	5	3
Anthrax	—	1	—	—	—
Infective Jaundice	439(C)	381	189	172	195
Tetanus	— (B)	—	—	1	—

- (A) Nine months' figures only (January–September). Ceased to be notifiable from 1st October 1968.
- (B) Newly notifiable from 1st October 1968.
- (C) Newly notifiable from 15th June 1968—includes 242 voluntarily notified, (January–June), 197 statutorily notified (June–December).

There was an increase in measles from 569 to 3,995. Tuberculosis, both respiratory and non-respiratory, decreased. The remaining figures for 1972 show normal annual variations, except Whooping Cough, which has descended to a new low level of 50 cases, compared with 146 in 1971 and 734 in 1970. The figure has in fact remained under a thousand for every year since 1963 when it was 1,762. This compares with the peak year of 1953 when 4,740 cases were notified.

Exclusion of children from school

The total number of children excluded from school on account of infectious disease was 16. The average period of exclusion was 38 days.

DYSENTERY

During 1972 167 cases were notified. The following table gives the number of dysentery cases notified between 1962 and 1972:

1962	296
1963	383
1964	313
1965	259
1966	372
1967	425
1968	341
1969	386
1970	84
1971	377
1972	167

When a case is notified the patient is visited and, as soon as possible, a bacteriological diagnosis is made. The situation is then assessed. Food handlers are invariably excluded from work. In cases of children and people not handling food, careful consideration is given to the need for exclusion, and this is avoided if it is at all possible, provided that, at the same time, the spread of the disease can be adequately prevented.

FOOD POISONING AND SALMONELLA INFECTION (Excluding Typhoid and Paratyphoid)

It is customary to classify outbreaks of food poisoning and salmonella infection into three groups: (a) general outbreaks, which comprise two or more unrelated cases due to a common cause; (b) family outbreaks where two or more cases are related; or (c) single cases not connected with any others.

The total number of cases coming to the attention of the Department was 120. Of these, 35 occurred in a series of 13 family outbreaks, and 73 occurred in isolation. There were also two general outbreaks with 12 cases.

A table giving the organisms found in notified cases is listed below:

Organism	Number of persons from whom organism was isolated
Salmonella agona	20
anatum	1
blockley	1
brandenburg	8
bredeney	8
derby	2
enteritidis	5
give	1
hadar	1
haifa	1
heidelberg	17
indiana	3
infantis	1
java	1
montevideo	1
muenchen	1
saint paul	11
stanley	1
takoradi	1
tennessee	1
typhimurium	30
virchow	1
type unknown	3
	<hr/> 120 <hr/>

The first general outbreak occurred at a party in another district of Merseyside. Seven persons from Liverpool who had eaten turkey at the party became ill after an interval averaging one day. Salmonella typhimurium phage type 12A was found in samples of the turkey, and also in the stools of the persons concerned. Several food handlers were excluded from work.

The other general outbreak, which was of Salmonella brandenburg, was of more uncertain origin. A number of cases occurred in a hospital over a period of several months. Investigations revealed that infection might have been brought into the hospital by a lady who had symptoms of food poisoning on the day before her admission. The other persons affected were already in the hospital for other conditions. The lady remained in the hospital for a week before being transferred to the Fazakerley Hospital. It did not prove possible to establish the cause of the lady's infection.

INFECTIVE JAUNDICE

During the year 195 cases were notified. There was also one death from this cause.

POLIOMYELITIS

No cases occurred.

TYPHOID

Two cases of typhoid occurred during the year. The first was contracted during a holiday in Turkey. The patient was admitted to Fazakerley Hospital where he made an uneventful recovery. His wife, who was pyrexial, was investigated but proved negative.

The second case, which occurred near the end of the year, was a child who had not been abroad. When symptoms appeared she was admitted to Fazakerley Hospital for investigation. Samples of faeces, urine and blood were taken from all members of the household, and the child's grandmother was found to be positive, though not ill. This lady sometimes visited relatives in America. She too was admitted to Fazakerley Hospital. The child was discharged after 34 days in hospital, but after 60 days the grandmother was still in hospital.

Some contacts of typhoid cases from outside Liverpool were notified to the department during the year, but no positives were found amongst them.

PARATYPHOID

A young man travelled overland by bus and train to Singapore, stopping for short stays at places en route. He took ill in Singapore and travelled home by plane. On arrival he was seen by his doctor and after a few days was admitted to hospital. Here a positive stool revealed the disease, and he was transferred to the Fazakerley Hospital, where he remained for about two months till clear.

Another young man who had accompanied the patient on his travels was not ill and was found to be negative. The contacts of both men were also negative.

The Liverpool contacts of some paratyphoid cases occurring in a hotel in Majorca were investigated during the year but were found to be negative.

WINTER EPIDEMIC SPOTTING

There was no evidence of an unusual number of influenza cases.

Deaths from influenza in 1972 reached the new low level of three, compared with five in 1971.

The average figure of weekly sickness benefit claims for 1972 was lower than the average of available weeks for 1971, but the two figures are not directly comparable, for several reasons. Firstly, there was a seven-week gap in the 1971 figures, between January and March, on account of the postal strike. Secondly, with effect from 6th March 1972, the office of the Department of Health and Social Security in West Derby, Liverpool, relinquished responsibility for Liverpool 14, this being transferred to a new office in Huyton, the figures from which are not included in the Liverpool figures. Thirdly, the population of the city decreased by about 14,000 (about 2.3%) during the year.

Statistical Section

VITAL STATISTICS

BIRTH STATISTICS – 1949-1972

	Live Births			Stillbirths		
1972	Males	Females	Total	Males	Females	Total
Legitimate	3,843	3,642	7,485	51	67	118
Illegitimate	502	524	1,026	8	7	15
Total	4,345	4,166	8,511	59	74	133

Year	Live Births	Birth Rate	Registered Stillbirths	Total Births	Stillbirths per 1,000 Live and Stillbirths	Illegitimate Live Births	
						No.	% of Live Births
1949	16,551	20.7	358	16,909	21.2	943	5.7
1950	16,110	20.1	375	16,485	22.7	968	6.0
1951	15,593	19.9	396	15,989	24.8	859	5.5
1952	15,839	20.0	400	16,239	24.6	876	5.5
1953	16,022	20.3	394	16,416	24.0	873	5.4
1954	15,742	20.5	400	16,142	24.8	847	5.4
1955	15,268	19.6	408	15,676	26.0	785	5.1
1956	15,944	20.6	394	16,338	24.1	801	5.0
1957	16,044	20.9	409	16,453	24.9	854	5.3
1958	15,662	20.5	413	16,075	25.7	799	5.1
1959	15,615	20.6	375	15,990	23.4	815	5.2
1960	15,961	21.1	377	16,338	23.1	868	5.4
1961	16,492	22.1	380	16,872	22.5	946	5.7
1962	16,479	22.1	333	16,812	19.8	1,020	6.2
1963	15,775	21.3	351	16,126	21.8	1,095	6.9
1964	15,625	21.4	283	15,908	17.8	1,199	7.7
1965	14,553	20.2	269	14,822	18.1	1,197	8.2
1966	13,557	19.0	277	13,834	20.0	1,250	9.2
1967	12,583	17.8	223	12,806	17.4	1,296	10.3
1968	11,847	17.2	219	12,066	18.2	1,310	11.1
1969	11,268	16.6	168	11,436	14.7	1,290	11.4
1970	10,673	16.0	174	10,847	16.0	1,231	11.5
1971	9,551	15.8	150	9,701	15.5	1,131	11.8
1972	8,511	14.5	133	8,644	15.4	1,041	12.1

PERCENTAGE OF ILLEGITIMATE LIVE BIRTHS TO TOTAL LIVE BIRTHS

Comparison of Liverpool rates with rates for England and Wales

	Liverpool	England and Wales		Liverpool	England and Wales
1941	6.2	5.4	1957	5.3	4.8
1942	6.3	5.6	1958	5.1	4.9
1943	7.1	6.4	1959	5.2	5.1
1944	8.3	7.3	1960	5.4	5.4
1945	10.7	9.3	1961	5.7	6.0
1946	7.3	6.6	1962	6.2	6.6
1947	5.8	5.3	1963	6.9	6.9
1948	5.7	5.4	1964	7.7	7.2
1949	5.7	5.1	1965	8.2	7.7
1950	6.0	5.1	1966	9.2	7.9
1951	5.5	4.8	1967	10.3	8.4
1952	5.5	4.8	1968	11.1	8.5
1953	5.4	4.7	1969	11.4	8.4
1954	5.4	4.7	1970	11.5	8.3
1955	5.1	4.7	1971	11.8	8.4
1956	5.0	4.8	1972	12.1	9.0

POPULATION TRENDS 1961 – 1972 (LIVERPOOL)

Year	Births	Deaths	Natural Increase (Births less Deaths) (2–3)	Registrar- General's estimate of population of preceding year	Natural Increase added to population of previous year (4+5)	Registrar- General's estimate of population of current year	Estimated Net Emigration from the City (6–7)
1	2	3	4	5	6	7	8
1961	16,492	9,262	7,230	754,670	761,900	745,810*	16,090
1962	16,479	9,162	7,317	745,810	753,127	745,230	7,897
1963	15,775	8,908	6,867	745,230	752,097	739,740	12,357
1964	15,625	8,131	7,494	739,740	747,234	729,140	18,094
1965	14,553	8,300	6,253	729,140	735,393	722,010	13,383
1966	13,557	8,295	5,262	722,010	727,272	712,040	15,232
1967	12,583	8,148	4,435	712,040	716,475	705,310	11,165
1968	11,847	7,958	3,889	705,310	709,199	688,010	21,189
1969	11,268	8,317	2,951	688,010	690,961	677,450	13,511
1970	10,673	8,050	2,623	677,450	680,073	667,000	13,073
1971	9,551	7,974	1,577	667,000	668,577	603,210*	65,367†
1972	8,511	7,979	532	603,210	603,742	588,600	15,142

Notes * Census years.

† It is reasonable to assume that the large figure of 65,367 contains an element of correction for the figures of the inter-census years 1962-1970, which should have been higher than the figures given.

DEATHS FROM PRINCIPAL CAUSES – 1972

Class	Cause Group No. (List A*)	Cause	Male	Female	Total	Rate per 1,000 Population	Percentage of Total Deaths
II	45-49, 52-61	Cancer (except respiratory system)	553	694	1,247	2.12	15.6
II	50, 51	Cancer (respiratory system)	443	118	561	0.95	7.0
VII	81, 83, 84	Heart diseases	1,223	1,279	2,502	4.25	31.4
VII	85	Cerebrovascular disease	324	566	890	1.51	11.2
VII	80, 82, 86-88	Other circulatory diseases	140	186	326	0.55	4.1
VIII	91, 92	Pneumonia	297	380	677	1.15	8.5
VIII	89, 93	Bronchitis	354	176	530	0.90	6.6
IX	97-104	Digestive diseases	87	91	178	0.30	2.2
XIV & XV	126-135	Congenital anomalies and certain causes of perinatal mortality	68	46	114	0.19	1.4
E XVII	138-150	Accidents, poisonings and violence	207	200	407	0.69	5.1
Various	Remainder	All other causes	233	314	547	0.92	6.9
Totals		All causes	3,929	4,050	7,979	13.6	100

*The code numbers in this and other mortality tables are from the 8th Revision, World Health Organisation Manual, published 1967.

DEATHS FROM CANCER – 1972

Cause Group No. (List A)	Organs affected	Male	Female	Totals
45	Buccal cavity and pharynx	11	8	19
46-49	Oesophagus, stomach, intestines and rectum	245	244	489
50, 51	Larynx, trachea, bronchus and lungs	443	118	561
54	Breast	*1	145	146
55, 56	Cervix and uterus	—	49	49
52, 53, 57, 58	Other and unspecified sites	234	206	440
59	Leukaemia	21	21	42
60	Lymphatic and haematopoietic	29	15	44
61	Benign and unspecified neoplasms	12	6	18
	Totals	996	812	1,808

*Sex has been checked for this case, and is correct.

TRENDS OF MORTALITY – 1949-72

	Deaths from Cancer of the Respiratory System	Deaths from Tuberculosis of the Respiratory System
1949	320	532
1950	331	481
1951	334	406
1952	346	269
1953	432	258
1954	383	232
1955	408	185
1956	448	137
1957	448	123
1958	399	109
1959	444	102
1960	457	81
1961	525	80
1962	484	74
1963	483	54
1964	527	38
1965	493	42
1966	528	46
1967	503	44
1968	575	39
1969	546	24
1970	565	24
1971	567	21
1972	561	21

DEATHS FROM LEUKAEMIA – 1960-72 (I.C.D. Nos. 204–7)

Year	Male	Female	Total
1960	27	21	48
1961	22	16	38
1962	14	22	36
1963	25	16	41
1964	21	15	36
1965	26	15	41
1966	20	14	34
1967	14	16	30
1968	25	19	44
1969	23	15	38
1970	24	22	46
1971	23	8	31
1972	21	21	42

MATERNAL MORTALITY – 1930-1972

Year	Births Registered			Maternal Mortality	
	Live Births	Stillbirths	Total Births	Deaths	Rate per 1,000 Total Births
1930	18,881	774	19,655	75	3.81
1931	18,626	722	19,348	55	2.84
1932	18,149	827	18,976	51	2.69
1933	16,929	680	17,609	60	3.41
1934	17,593	685	18,278	51	2.79
1935	17,347	749	18,096	59	3.26
1936	17,403	708	18,111	64	3.52
1937	16,728	618	17,346	40	2.31
1938	16,175	639	16,814	33	1.96
1939	15,614	631	16,245	29	1.86
1940	15,016	519	15,535	31	2.01
1941	13,291	508	13,799	32	2.42
1942	13,729	552	14,281	34	2.38
1943	14,432	485	14,917	34	2.27
1944	15,412	492	15,904	31	1.95
1945	14,784	431	15,215	23	1.51
1946	18,528	539	19,067	19	0.99
1947	19,904	514	20,418	17	0.83
1948	17,695	479	18,174	14	0.77
1949	16,551	358	16,909	9	0.53
1950	16,110	375	16,485	7	0.42
1951	15,593	396	15,989	10	0.62
1952	15,839	400	16,289	7	0.43
1953	16,022	394	16,416	5	0.30
1954	15,742	400	16,142	8	0.49
1955	15,268	408	15,676	9	0.57
1956	15,944	394	16,338	7	0.43
1957	16,044	409	16,453	7	0.42
1958	15,662	413	16,075	4	0.25
1959	15,615	375	15,990	5	0.31
1960	15,961	377	16,338	5	0.31
1961	16,492	380	16,872	2	0.12
1962	16,479	333	16,812	5	0.30
1963	15,775	351	16,126	4	0.25
1964	15,625	283	15,908	3	0.19
1965	14,553	269	14,822	1	0.067
1966	13,557	277	13,834	—	—
1967	12,583	223	12,806	1	0.078
1968	11,847	219	12,066	1	0.083
1969	11,268	168	11,436	4	0.35
1970	10,673	174	10,847	3	0.28
1971	9,551	150	9,701	1	0.10
1972	8,511	133	8,644	3	0.35

INFANT MORTALITY – 1972

Deaths from stated causes at various ages under one year

Cause of Death	Cause Group No. List A	Under 1 week	7–27 days	1–6 months	7–11 months	Total Deaths under 1 year
Meningococcal Infection	19	—	1	—	—	1
Measles	25	—	—	—	—	—
Pneumonia	91, 92	—	1	8	1	10
Bronchitis	89, 93	—	—	7	1	8
Enteritis	5	—	1	1	—	2
Congenital Anomalies	126-130	15	3	5	2	25
Injury at Birth	131, 132	8	2	—	—	10
Other Diseases of Early Infancy	133-135	53	1	1	—	55
Other causes	—	6	2	6	1	15
Totals		82	11	28	5	126

Live Births in the year	Legitimate	7,485	Deaths	Legitimate Infants	112
	Illegitimate	1,026		Illegitimate Infants	14

CAUSES OF DEATH – 1972

(This table relates to underlying primary causes of death, as in previous annual reports)

Class	Male	Female	Total	Rate per 1,000 Population	Percentage of total deaths
I Infective and Parasitic Diseases	25	14	39	0.07	0.49
II Neoplasms	996	812	1,808	3.07	22.66
III Endocrine, Nutritional and Metabolic Diseases	27	59	86	0.14	1.08
IV Diseases of Blood and Blood-forming Organs	6	24	30	0.05	0.38
V Mental Disorders	7	15	22	0.04	0.28
VI Diseases of the Nervous System and Sense Organs	37	44	81	0.14	1.02
VII Diseases of the Circulatory System	1,687	2,031	3,718	6.32	46.60
VIII Diseases of the Respiratory System	698	585	1,283	2.18	16.08
IX Diseases of the Digestive System	87	91	178	0.30	2.23
X Diseases of the Genito-Urinary System	48	48	96	0.16	1.20
XI Complications of Pregnancy, Childbirth and the Puerperium	—	3	3	0.01	0.04
XII Diseases of the Skin and Subcutaneous Tissue	2	1	3	0.01	0.04
XIII Diseases of the Musculo-skeletal System and Connective Tissue	11	29	40	0.07	0.50
XIV Congenital Anomalies	23	26	49	0.08	0.61
XV Certain Causes of Perinatal Mortality	45	20	65	0.11	0.81
XVI Symptoms and Ill-defined Conditions	23	48	71	0.12	0.89
XVII Accidents, Poisonings and Violence (External Cause)	207	200	407	0.69	5.10
Totals	3,929	4,050	7,979	13.6	100

POPULATION, BIRTH RATES, DEATH RATES, INFANT AND MATERNAL MORTALITY, ETC., OF A NUMBER OF THE LARGER AUTHORITIES
IN 1972

	Birming- ham	Bradford	Bristol	Cardiff	Kingston- upon-Hull	Leicester	Liverpool	Man- chester	Newcastle upon-Tyne	Notting- ham	Sheffield
Registrar-General's estimated population	1,006,760	294,370	421,580	274,920	282,870	498,790	588,600	531,270	217,220	294,420	513,310
Comparability factor: (a) Births	1.05	1.06	1.00	1.02	1.01	1.03	1.04	1.04	1.04	1.05	1.06
(b) Deaths	1.05	1.00	0.93	1.03	1.12	1.04	1.05	1.05	0.94	1.00	0.98
Crude birth rate per 1,000 population	15.51	17.2	13.1	14.4	17.1	14.2	14.46	14.55	12.54	15.74	13.5
Birth rate as adjusted by factor	16.28	18.2	13.1	14.7	17.3	14.6	15.04	15.13	13.04	16.53	14.3
Illegitimate live births as a percentage of all live births	12.06	12	12	12	12.6	15.0	12.05	20.06	13.92	19.44	9.6
Crude death rate per 1,000 population	12.17	13.7	12.8	12.4	11.7	12.8	13.56	13.57	14.55	12.87	12.9
Death rate as adjusted by factor	12.77	13.7	11.9	12.8	13.1	13.3	14.24	14.25	13.68	12.87	12.6
Infant mortality rate per 1,000 live births	21.27	28	21.0	18.5	19.0	19.0	14.80	22.26	20.57	21.80	17.3
Neonatal mortality rate per 1,000 live births	13.90	19	11.0	14.9	10.7	11.3	10.93	15.27	14.69	11.87	10.7
Stillbirth rate per 1,000 total births	13.40	17	14	13.7	12.2	15.5	15.39	13.40	14.83	12.78	12.8
Perinatal mortality rate per 1,000 total births	25.09	33	23	25.7	21.2	24.5	24.9	27.06	27.13	23.01	21.2
Maternal mortality rate per 1,000 total births	0.32	Nil	0.18	0	0.4	Nil	0.347	Nil	—	0.43	0.14
Tuberculosis rates per 1,000 population											
(a) Primary notifications:											
Respiratory	0.39	0.57	0.15	0.24	0.21	0.30	0.238	0.36	0.28	0.28	0.166
Non-respiratory	0.13	0.23	0.03	0.06	0.04	0.09	0.04	0.06	0.08	0.12	0.035
(b) Deaths:											
Respiratory	0.04	0.023	0.02	0.018	0.03	0.02	0.036	0.05	0.046	0.03	0.023
Non-respiratory	0.01	0.003	0.00	0.007	0.004	0.004	0.007	0.01	0.009	0.01	0.004
Death rates per 1,000 population from:											
Cancer (all forms)	2.43	2.56	2.67	2.52	2.7	2.68	3.07	2.86	3.17	2.53	2.61
Cancer of Lungs and Bronchus	0.67	0.72	0.67	0.651	0.9	0.88	0.95	0.94	1.02	0.70	0.78
Meni,gococcal Infections	0.00	0.006	0.00	0.007	—	0.002	0.003	0.00	0.009	Nil	0.002
Whooping Cough	0.00	Nil	—	0	—	Nil	—	Nil	—	Nil	—
Influenza	0.06	0.04	0.04	0.04	0.01	0.07	0.029	0.07	0.051	0.04	0.05
Measles	0.00	Nil	0.00	0	—	Nil	—	Nil	—	0.003	—
Acute Poliomyelitis and Encephalitis	—	Nil	—	0	—	Nil	—	0.00	—	Nil	0.002
Diarrhoea (under 2 years)	0.70	0.027	0.00	0.004	0.01	0.006	0.003	0.01	0.009	0.04	0.006
Diarrhoea (under 2 years) per 1,000 live births	0.96	1.58	0.01	0.253	0.8	0.42	0.235	0.78	0.734	2.80	0.432

ANALYSIS OF CAUSES OF INFANT MORTALITY IN SUCCESSIVE QUINQUENNIA 1896–1970,
AND THE YEARS 1971 AND 1972

(A) – Recorded Deaths

	1	2	3	4	5	6	7	8	9
Years	Total Live Births	Total Deaths Under 1 Year of Age	Infectious Diseases (exclud- ing Tubercu- losis)*	Tuber- cular Diseases	Nervous Diseases	Respira- tory Diseases	Digestive Diseases	Malforma- tions Premature Birth, Maras- mus &c.	External Causes
1896/1900	111,700	21,160	1,508	698	2,476	3,575	6,376	5,698	819
1901/1905	118,801	20,353	1,546	644	2,516	3,484	5,187	5,732	565
1906/1910	118,313	17,739	1,613	465	2,052	3,146	3,902	5,520	539
1911/1915	111,872	15,458	1,309	345	1,432	2,916	3,635	4,953	426
1916/1920	99,451	11,510	1,116	202	1,083	2,821	1,872	4,107	179
1921/1925	104,217	10,497	1,066	200	573	2,776	1,786	3,764	120
1926/1930	95,701	9,002	978	109	401	2,553	1,670	2,981	81
1931/1935	88,644	7,904	902	82	368	2,050	1,184	3,125	67
1936/1940	80,936	6,226	573	74	519	1,457	698	2,691	84
1941/1945	71,648	5,512	341	71	403	1,704	548	2,193	131
1946/1950	88,788	5,034	311	47	213	1,109	963	2,226	111
1951/1955	78,464	2,626	83	10	28	480	132	1,792	63
1956/1960	79,226	2,149	31	—	24	384	82	1,576	30
1961/1965	78,924	2,006	19	2	20	409	83	1,406	52
1966/1970	59,928	1,299	45*	—	25	267	53	864	45
1971	9,551	210	14	—	4	42	2	141	7
1972	8,511	126	4	—	2	18	3	92	7

*Since 1968 this column has included cases of Enteritis and other Diarrhoeal Diseases, previously included in column 7.

(B) – Death Rates

	1	Death Rates per 1,000 Live Births							
		2	3	4	5	6	7	8	9
Years	Birth Rate per 1,000 population	All Deaths Under 1 Year of Age	Infectious Diseases (excluding Tuberculosis)*	Tuber-cular Diseases	Nervous Diseases	Respira-tory Diseases	Digestive Diseases	Malforma-tions Premature Birth, Maras-mus &c.	External Causes
1896/1900	33.4	189	12.7	6.2	22.1	32.0	57.1	51.0	7.3
1901/1905	33.4	172	13.0	5.5	21.2	29.3	43.7	48.1	4.7
1906/1910	32.2	149	13.6	3.9	17.4	26.6	33.0	46.7	4.6
1911/1915	29.3	137	11.6	3.1	12.8	26.1	32.6	43.1	3.8
1916/1920	24.9	116	11.1	2.0	10.9	28.4	18.8	42.0	1.8
1921/1925	25.1	100	10.2	1.9	5.5	26.6	17.1	36.1	1.2
1926/1930	22.1	94	10.2	1.1	4.2	26.7	17.4	31.1	0.8
1931/1935	20.5	89	10.1	0.9	4.2	23.1	13.4	35.3	0.8
1936/1940	19.4	77	7.0	0.9	6.4	17.9	8.8	32.9	1.0
1941/1945	21.3	78	4.8	1.0	5.6	24.1	7.7	30.7	1.8
1946/1950	22.9	56	3.4	0.5	2.3	12.3	10.5	25.1	1.2
1951/1955	20.1	33	1.0	0.1	0.3	6.1	1.7	22.8	0.8
1956/1960	20.7	27	0.4	—	0.3	4.9	1.1	19.9	0.4
1961/1965	21.4	25	0.2	0.03	0.3	5.2	1.1	17.8	0.7
1966/1970	17.4	22	0.8	—	0.4	4.5	0.9	14.4	0.8
1971	15.8	22	1.5	—	0.4	4.4	0.2	14.8	0.7
1972	14.5	15	0.5	—	0.2	2.1	0.4	10.8	0.8

*Since 1968 this column has included cases of Enteritis and other Diarrhoeal Diseases, previously included in column 7.

ANALYSIS OF ALL DEATHS BY AGE AND SEX – 1972

Age Group	Male	Female	Total
Under 1 year	80	46	126
1	6	9	15
2	3	3	6
3	5	3	8
4	3	2	5
5–	7	9	16
10–	11	3	14
15–	12	6	18
20–	26	13	39
25–	22	6	28
30–	19	8	27
35–	38	24	62
40–	60	29	89
45–	136	87	223
50–	188	142	330
55–	364	212	576
60–	533	302	835
65–	648	423	1,071
70–	653	560	1,213
75–	515	687	1,202
80–	351	698	1,049
85–	188	518	706
90–	54	214	268
95–	7	46	53
Totals	3,929	4,050	7,979

ANALYSIS OF INFANT DEATHS BY AGE AND SEX – 1972

Age Groups	Male	Female	Total	
Under 1 day	41	18	59	
1 day	10	3	13	
2 days	2	4	6	
3 days	—	1	1	
4 days	—	1	1	
5 days	—	1	1	
6 days	1	—	1	
Total under 1 week	54	28	82	(A)
1 week (7–13 days)	1	2	3	
2 weeks (14–20 days)	3	2	5	
3 weeks (21–27 days)	1	2	3	
Total (7–27 days)	5	6	11	(B)
Total under 28 days	59	34	93	(A+B)
1 month	4	3	7	
2 months	4	2	6	
3 months	6	2	8	
4 months	1	1	2	
5 months	1	2	3	
6 months	2	—	2	
Total (1–6 months)	18	10	28	(C)
7 months	1	—	1	
8 months	1	2	3	
9 months	1	—	1	
10 months	—	—	—	
11 months	—	—	—	
Total (7–11 months)	3	2	5	(D)
Total under 12 months	80	46	126	(A+B+C+D)

**TOTAL PRIMARY AND SECONDARY CAUSES OF DEATH
REPORTED ON DEATH CERTIFICATES – 1972**
(N.B.—Numbers relate to causes, not individual deaths)

	Cause	Male	Female	Total	Totals expressed as percentage of all causes
Underlying Primary	1	3,929	4,050	7,979	54.6%
Other Primary	2	1,852	2,061	3,913	26.8%
„ „	3	255	343	598	4.1%
„ „	4	9	12	21	0.1%
Total Primary		6,045	6,466	12,511	85.7%
Secondary	2	536	547	1,083	7.4%
„	3	414	429	843	5.8%
„	4	78	90	168	1.2%
Total Secondary		1,028	1,066	2,094	14.3%
Total all causes		7,073	7,532	14,605	100%

Explanatory Note

The coding procedure employed allows of the coding of up to four causes of death.

“Underlying primary” is defined as “(a) the disease or injury which initiated the train of morbid events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury”. In the above table it is given as Cause 1, but is not necessarily the first entry on the death certificate.

“Other primary” includes any other causes in Part I of the death certificate and “secondary” includes any causes in Part II of the death certificate.

At least one cause, the underlying primary, must be primary, but the other causes (if any) may be either primary or secondary, or any combination of the two. The numbers 2, 3 or 4 indicate the order of these causes, as categorised for tabulation, not necessarily as they appear on the death certificate.

SUMMARY OF DEATHS FROM CARDIOVASCULAR AND RESPIRATORY CAUSES FOR CERTAIN OCCUPATIONS – 1972

The following codes of causes of death (W.H.O. 8th Revision Intermediate List of 150 causes) are included: A81–84, 86–93, 95–96. Underlying causes only. All are male.

Age Group	Seamen, Marine Firemen, etc.	Ships' Officers, Engineers	Ships' Stewards etc.
45 – 49	1	—	—
50 – 54	3	1	1
55 – 59	8	—	1
60 – 64	4	—	1
65 – 69	15	3	5
70 – 74	9	—	—
75 – 79	11	1	2
80 – 84	14	1	5
85 – 89	6	2	2
90 – 94	—	—	—
95 – 99	1	—	—
Totals	72	8	17
Deaths from <i>all</i> causes in these occupations	125	16	28

DETAILS OF THE BROAD GROUPS OF CAUSES USED IN THE SUMMARY BY AGE GROUP OF DEFINED CAUSES OF DEATH - 1972

Code numbers relate to the Intermediate List of 150 causes (List A) in the W.H.O. Manual (1967 edition).

Infectious and Infective Diseases

A 1-44, A72, A80, A81, A89-93, A99
A100, A105, A106.

Neoplastic Diseases

A45-61.

Degenerative Diseases

A82-85, A98. A102, A109, A136, A137.

Trauma

A138-150 inclusive.

Other causes

All remaining causes in List A, viz.:—
A62-71, A73-79, A86-88, A94-97, A101, A103, A104,
A107, A108, A110-125, A133.

SUMMARY BY AGE GROUPS OF DEFINED CAUSES OF DEATH - 1972 (N.B.—Numbers relate to causes not individual deaths).

Age Groups	0-4 years		5-14 years		15-24 years		25-34 years		35-44 years		45-54 years		55-64 years		65 yrs. & over		Totals	Sex Ratio as Percentage	Percentage Total Causes	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
Infectious/Infective																				
Underlying Primary	18	13	3	1	—	2	1	1	12	11	31	39	130	82	547	532	742	681	48%	9.7%
Other Primary	4	6	2	5	5	—	1	1	11	8	32	30	118	66	412	437	585	553	49%	7.8%
Secondary	2	1	—	—	1	—	2	—	2	1	13	15	66	32	187	118	273	167	38%	3.0%
Totals	24	20	5	6	6	2	4	2	25	20	76	84	314	180	1,146	1,087	1,600	1,401	47%	20.5%
Neoplastic																				
Underlying Primary	—	3	5	2	3	1	2	7	19	23	101	96	298	195	568	485	996	812	45%	12.4%
Other Primary	—	—	—	—	—	—	—	4	6	16	23	32	74	71	126	132	229	255	47%	3.3%
Secondary	—	—	—	—	—	—	—	1	2	—	4	3	18	11	70	53	94	68	58%	1.1%
Totals	—	3	5	2	3	1	2	12	27	39	128	131	390	277	764	670	1,319	1,135	46%	16.8%
Degenerative																				
Underlying Primary	1	2	—	1	—	2	6	—	43	14	140	56	393	179	1,046	1,635	1,629	1,889	46%	24.1%
Other Primary	5	4	5	3	4	2	4	—	23	8	50	51	161	110	467	810	719	988	42%	11.7%
Secondary	—	—	—	—	—	—	1	—	3	1	22	7	67	30	236	306	329	344	49%	4.6%
Totals	6	6	5	4	4	4	11	—	69	23	212	114	621	319	1,749	2,751	2,677	3,221	45%	40.4%

Congenital	Underlying Primary	60	33	1	2	2	1	3	—	—	—	—	1	—	—	2	3	2	66	42	61%	39%	108	0.7%
	Other Primary	20	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	20	16	56%	44%	36	0.2%
	Secondary	4	5	1	—	—	—	—	—	—	—	—	+	1	1	—	1	3	7	9	44%	56%	16	0.1%
	Totals	84	54	2	2	2	1	3	—	—	—	—	1	1	1	1	2	4	5	93	67	58%	42%	160
Trauma	Underlying Primary	13	8	7	2	28	7	27	5	18	2	22	12	27	19	65	145	207	200	51%	49%	407	2.8%	
	Other Primary	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	3	2	3	40%	60%	5	0.0%	
	Secondary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Totals	13	8	7	2	28	7	28	5	18	2	22	12	27	19	66	148	209	203	51%	49%	412	2.8%	
Other Causes	Underlying Primary	5	4	2	4	6	4	5	1	6	3	29	26	49	37	187	347	289	426	40%	60%	715	4.9%	
	Other Primary	2	3	1	2	5	4	2	2	13	8	45	22	134	68	359	492	561	601	48%	52%	1,162	8.0%	
	Secondary	5	2	1	—	1	4	2	—	2	1	18	22	50	55	246	394	325	478	40%	60%	803	5.5%	
	Totals	12	9	4	6	12	12	9	3	21	12	92	70	233	160	792	1,233	1,175	1,505	44%	56%	2,680	18.3%	
Summary of above totals																								
Infectious/Infective		24	20	5	6	6	2	4	2	25	20	76	84	314	180	1,146	1,087	1,600	1,401	53%	47%	3,001	20.5%	
Neoplastic		—	3	5	2	3	1	2	12	27	39	128	131	390	277	764	670	1,319	1,135	54%	46%	2,454	16.8%	
Degenerative		6	6	5	4	4	4	11	—	69	23	212	114	621	319	1,749	2,751	2,677	3,221	45%	55%	5,898	40.4%	
Congenital		84	54	2	2	1	3	—	—	—	—	1	1	1	2	4	5	93	67	58%	42%	160	1.1%	
Trauma		13	8	7	2	28	7	28	5	18	2	22	12	27	19	66	148	209	203	51%	49%	412	2.8%	
Other Causes		12	9	4	6	12	12	9	3	21	12	92	70	233	160	792	1,233	1,175	1,505	44%	56%	2,680	18.3%	
Totals		139	100	28	22	54	29	54	22	160	96	531	412	1,586	957	4,521	5,894	7,073	7,532	48.4%	51.6%	14,605	100%	

ANALYSIS OF CAUSES OF MORTALITY

Deaths from certain Groups of Diseases in each decade from 1871 to 1970, and the years 1971 and 1972

Years	(a) Infective diseases (less Influenza and Tuberculosis)	(b) Tubercular diseases	(c) Respiratory diseases (including Influenza)	(d) Digestive diseases	Total Deaths from (a), (b), (c) & (d)	(e) Cancer	Total Deaths from all causes
1871-1880	27,205 (19.2)	19,869 (13.5)	29,763 (20.2)	14,747 (10.0)	91,584 (62.9)	2,015 (1.4)	147,005
1881-1890	19,748 (14.1)	17,870 (12.7)	32,507 (23.2)	13,186 (9.4)	86,311 (59.4)	2,820 (2.0)	146,195
1891-1900	13,515 (9.3)	16,714 (10.8)	35,819 (24.6)	18,491 (12.7)	84,539 (57.4)	4,223 (2.9)	145,522
1901-1910	13,967 (8.6)	16,054 (10.6)	32,995 (21.8)	18,163 (12.0)	81,179 (53.0)	6,480 (4.3)	150,962
1911-1920	10,417 (7.9)	14,946 (10.9)	36,480 (27.3)	12,282 (8.9)	74,125 (55.0)	7,603 (5.5)	137,323
1921-1930	7,831 (6.6)	12,664 (10.7)	29,447 (25.0)	8,184 (6.9)	58,126 (49.4)	9,852 (8.4)	117,756
1931-1940	6,473 (5.6)	9,413 (8.1)	18,196 (15.7)	5,987 (5.2)	40,069 (34.7)	12,619 (10.9)	115,632
1941-1950	2,645 (2.6)	6,987 (7.1)	15,728 (15.9)	4,328 (4.4)	29,723 (30.1)	13,265 (13.7)	98,347
1951-1960	621 (0.7)	2,063 (2.2)	15,315 (16.8)	2,570 (2.8)	20,569 (22.5)	15,986 (17.7)	90,642
1961-1970	265 (0.3)	512 (0.6)	14,674 (17.3)	2,014 (2.4)	17,465 (20.6)	17,159 (20.3)	84,591
1971	26 (0.3)	26 (0.3)	1,268 (15.9)	160 (2.0)	1,480 (18.6)	1,736 (21.8)	7,974
1972	14 (0.2)	25 (0.3)	1,283 (16.1)	178 (2.2)	1,500 (18.8)	1,808 (22.7)	7,979

Figures in parenthesis indicate the percentage of total deaths from all causes (Proportionate Mortality)

Since 1962 the columns have included the following classes:—

Column	(a) Class I less Tuberculosis
”	(c) Class VIII
”	(d) Class IX
”	(e) Class II

TUBERCULOSIS RATES

INCIDENCE, PREVALENCE AND MORTALITY RATES FOR PERIOD 1960 – 1972 INCLUSIVE

Year	Incidence Rate per 1,000 of population			Prevalence Rate per 1,000 of population*			Mortality Rate per 1,000 of population		
	Pulmonary	Non Pulmonary	Over-all Total	Pulmonary	Non Pulmonary	Over-all Total	Pulmonary	Non Pulmonary	Over-all Total
1960	0.58	0.06	0.64	11.22	0.75	11.97	0.107	0.004	0.111
1961	0.54	0.07	0.62	10.14	0.65	10.79	0.107	0.008	0.115
1962	0.59	0.07	0.65	9.05	0.61	9.66	0.099	0.009	0.109
1963	0.53	0.06	0.59	8.02	0.54	8.57	0.073	0.005	0.078
1964	0.37	0.04	0.41	7.14	0.51	7.64	0.052	0.004	0.056
1965	0.34	0.05	0.39	5.84	0.39	6.23	0.058	0.001	0.060
1966	0.33	0.04	0.37	5.17	0.39	5.56	0.065	0.007	0.072
1967	0.33	0.04	0.37	4.59	0.39	4.98	0.061	0.007	0.068
1968	0.32	0.05	0.37	4.05	0.39	4.44	0.057	0.007	0.064
1969	0.27	0.04	0.32	3.41	0.38	3.79	0.037	0.004	0.041
1970	0.25	0.04	0.30	3.15	0.40	3.55	0.036	0.010	0.046
1971	0.28	0.06	0.34	2.99	0.32	3.31	0.035	0.008	0.043
1972	0.24	0.02	0.26	2.74	0.32	3.06	0.036	0.007	0.042

*No of cases on register at beginning of year x 1,000

Population as at Mid-year.

TUBERCULOSIS

NOTIFICATIONS – AGE GROUPS – 1972

Age	Male	Female	Total
–1	–	1	1
1–	–	–	–
2–	1	1	2
3–	–	–	–
4–	–	1	1
5–	–	3	3
10–	–	3	3
15–	4	–	4
20–	5	6	11
25–	2	4	6
30–	3	1	4
35–	8	5	13
40–	10	5	15
45–	14	4	18
50–	7	7	14
55–	8	6	14
60–	12	4	16
65–	10	1	11
70–	6	3	9
75–	3	2	5
80+	2	2	4
Age unknown	–	–	–
Totals	95	59	154

ANALYSIS OF ALL DEATHS BY OCCUPATION – 1972

Code No.	Occupation	Male	Female	Total
1	Accountants	25	—	25
2	Agricultural workers, gardeners	43	—	43
3	Architects, designers	4	—	4
4	Artists, musicians	4	1	5
5	Bakers, confectioners	9	1	10
6	Boilermakers, platers	12	—	12
7	Boilermen, stokers, firemen	17	—	17
8	Boot and shoemakers, repairers	10	—	10
9	Bricklayers	23	—	23
10	Builders' labourers	85	—	85
11	Bus and tram drivers and guards	42	—	42
12	Cabinetmakers, polishers	24	—	24
13	Carpenters, joiners	49	—	49
14	Chefs, cooks and kitchen staff	21	9	30
15	Civil Servants	25	6	31
16	Cleaners, charwomen, etc.	9	26	35
17	Chemical process workers	6	1	7
18	Clergymen and church officials	10	18	28
19	Clerks and typists	308	94	402
20	Collectors (club, etc.)	1	—	1
21	Commercial travellers	2	—	2
22	Dentists	4	—	4
23	Dock and harbour workers	55	—	55
24	Dock labourers	222	—	222
25	Domestic servants and housekeepers	6	66	72
26	Electricians	37	—	37
27	Engineers	100	—	100
28	Factory labourers	107	33	140
29	Factory machinists	53	26	79
30	Fitters and turners	111	1	112
31	Gas Board workers	6	—	6
32	Gas fitters and plumbers	38	—	38
33	General labourers	290	—	290
34	Hairdressers, manicurists	8	2	10
35	Hospital employees (not nurses)	17	12	29
36	Housewives	—	3,239	3,239
37	Insurance agents	24	1	25
38	Laboratory technicians	8	1	9
39	Laundry workers	3	4	7
40	Lawyers	—	—	—
41	Leather workers	5	—	5
42	Local government officers	26	4	30
43	Local government manual workers	83	4	87
44	Managers and staffs of theatres	6	—	6
45	Managerial staffs — trade and industry	68	5	73
46	Masons and stone workers	10	—	10
47	Machine tool workers	11	1	12
48	Members of HM forces	9	—	9

Analysis of all deaths by occupations – 1972 (*continued*)

Code No.	Occupation	Male	Female	Total
49	Metal workers	35	—	35
50	Miners	—	—	—
51	Mill workers	20	1	21
52	Motor drivers, lorrymen, etc.	201	—	201
53	Miscellaneous	143	10	153
54	Nurses, midwives	6	30	36
55	Other professional occupations	48	2	50
56	Packers	13	16	29
57	Paint factory workers	8	—	8
58	Painters and decorators	69	—	69
59	Post office workers (excluding clerks)	67	7	74
60	Porters, doormen, liftmen, etc.	57	—	57
61	Publicans, barmen, etc.	36	7	43
62	Plasterers	3	—	3
63	Railway drivers, firemen, guards	32	—	32
64	Railway porters etc.	72	—	72
65	Printers, compositors, etc.	33	5	38
66	Rubber workers	16	2	18
67	Seamen, marine firemen, etc.	125	—	125
68	Ships' officers, engineers	16	—	16
69	Ships' stewards	28	—	28
70	Shipyard workers	77	—	77
71	Smiths and forge workers	13	—	13
72	Salesmen, shop assistants	66	37	103
73	Social and welfare workers	—	1	1
74	Spinsters – no occupation	—	154	154
75	Sweeps	2	—	2
76	Storekeepers	77	2	79
77	Shopkeepers	156	42	198
78	Steel erectors	5	—	5
79	Slaters, tilers	10	—	10
80	Street traders, hawkers	—	—	—
81	Tailors and assistants	15	30	45
82	Teachers	27	42	69
83	Tobacco factory workers	—	1	1
84	Waiters, waitresses	4	14	18
85	Window cleaners	12	—	12
86	Wood turners, machinists	15	—	15
87	Watchmen	85	1	86
88	Warehousemen	37	—	37
89	Medical practitioners	9	1	10
90	Pharmacists, chemists	9	—	9
91	Policemen, firemen	48	—	48
—	No occupation	198	90	288
Totals		3,929	4,050	7,979

B.C.G. VACCINATION SCHOOL CHILDREN – 1972

Number of School Children offered B.C.G. vaccination	10,580
Number of acceptors	9,959
Number Heaf-tested (Number read 8,755)	9,792
Number of positive Heaf tests	1,195
Number of children vaccinated with B.C.G.	7,560
No students at Colleges of Education have been given B.C.G. vaccination during the year.	

B.C.G. VACCINATION OF SCHOOL CHILDREN, HEAF TESTS – 1957 - 1972

Year	Number Tested	Number Positive	Percentage of Number Tested Found Positive
1957	7,224	1,581	21.9
1958	8,587	1,717	20.0
1959	11,313	1,810	16.0
1960	10,569	1,480	14.0
1961	11,542	1,442	12.5
1962	9,777	1,305	13.3
1963	9,247	1,373	14.8
1964	8,456	1,309	15.5
1965	8,601	1,352	15.7
1966	8,356	1,135	13.5
1967	9,213	1,206	13.1
1968	7,394	1,130	15.3
1969	11,333	2,202	16.0
1970	9,586	1,504	15.7
1971	9,790	1,579	16.1
1972	9,792	1,195	12.2

NOTIFICATIONS OF TUBERCULOSIS – 1928 - 1972

Year	Children (0–4 years)		Schoolchildren (5–14 years)		Adolescents & Adults (15+ years)	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1928	93	159	407	244	1,968	242
1929	106	164	425	238	1,975	269
1930	98	178	470	256	1,890	263
1931	88	163	365	267	1,805	289
1932	71	125	277	279	1,757	268
1933	77	138	262	266	1,941	250
1934	56	107	223	234	1,624	244
1935	36	93	167	178	1,494	231
1936	36	85	185	165	1,424	197
1937	30	77	128	159	1,397	172
1938	43	82	117	118	1,281	186
1939	24	64	72	78	1,117	175
1940	26	59	51	67	1,234	148
1941	33	68	44	79	1,225	158
1942	32	63	54	84	1,284	201
1943	47	60	64	107	1,368	168
1944	29	45	68	58	1,344	147
1945	35	45	60	70	1,360	133
1946	35	40	63	72	1,380	125
1947	50	37	88	69	1,341	128
1948	51	49	79	49	1,490	130
1949	63	41	77	63	1,479	107
1950	106	32	113	41	1,353	91
1951	106	26	101	47	1,328	87
1952	90	37	161	35	1,318	67
1953	77	18	130	27	1,175	78
1954	46	22	114	28	975	97
1955	46	24	82	23	951	71
1956	34	9	88	13	938	81
1957	46	9	79	12	892	80
1958	47	17	61	11	686	48
1959	29	12	54	6	1,550	30
1960	17	3	24	5	398	36
1961	19	6	26	6	360	42
1962	24	3	23	2	391	45
1963	35	3	37	2	319	38
1964	16	3	17	2	240	23
1965	9	3	15	3	225	28
1966	12	—	15	4	208	26
1967	6	1	9	3	219	25
1968	7	—	9	3	203	30
1969	8	1	9	—	169	27
1970	8	2	16	1	145	25
1971	4	3	10	6	155	25
1972	4	—	5	1	131	13

Health Education

Health Education covers an important and wide field. Various aspects of Public Health and disease become prominent from time to time. For this reason, the section needs to keep itself abreast of current developments and foresee any potential trends.

This has been maintained during the past year, at times with difficulty owing to staffing changes.

No suitable candidates made themselves available initially to replace the previous Health Education Officer. This was ably overcome when the officer in charge of Cancer Education was employed on amalgamation with the Health Education Section.

Mrs. Hobbs was appointed from 1st April 1972, and left the section on 30th September 1972, for higher spheres. During this period, she ensured that equipment and planning were able to cope for the foreseeable future.

From the present trends of modern society, it will be realised that Health Education during the past year has been directed against venereal disease, drugs and smoking.

Much of the activities have been directed towards educating the various age groups in positive health and prevention rather than cure.

The section continues its assistance to the Department's staff in their professional work.

Information

This is requested from many people, professional and otherwise. Children and others in pursuit of their educational aims are encouraged to ask for information.

Visual Aids

These are used continually in support of the various activities and extra equipment has been purchased and arranged in districts to assist the departmental staff.

The film library is gradually expanding and is in great demand.

Slides and film strips are put to use, being a very easy and convenient method of display.

Posters and pamphlets are issued on demand and encouragement is given towards their increased use.

Liverpool Show

This again enabled the Section to put its material to work in support of an immunising programme.

Lectures

These have been maintained, though with difficulty owing to the shortage of staff. With the definite possibility of replacements this will, with hope, be overcome.

In this context, the work of the Merseyside Cancer Education Committee has been maintained, and thanks are due to the original staff coming from that committee in maintaining the standards.

Expansion of the service continues and will meet the demands of the new orders with confidence.

Control of Radiation Hazards

Registered Users under Radioactive Substances Act 1960

There were no variations in the number of firms registered as holding radioactive materials on their premises during the year.

Use of Radioactive Sources in Schools, Establishments of Further Education and Training Colleges

Fifty schools are now using radioactive substances.

Tables listing all sources at present held in the City, excluding hospitals and the University, are given below:—

RADIOACTIVE SEALED SOURCES – INDUSTRIAL ESTABLISHMENTS

Nature of Source	Size of Source	Number of Sources
Americium 241	100 millicuries	1
	90 „	1
Caesium 137	0.5 „	1
	10 „	1
Carbon 14	1 microcurie	1
	0.5 „	1
	0.75 „	1
Cobalt 60	1 millicurie	1
Iridium 192	500 „	1
	20 curies	1
Radium 226	500 microcuries	1
	7.5 millicuries	1
Strontium 90	469 „	1
Thallium 204	24 „	1
	30 „	1
Thulium 170	300 „	1
	20 curies	1
Tritium	960 millicuries	1
	10 curies	2

RADIOACTIVE SEALED SOURCES – EDUCATIONAL ESTABLISHMENTS

Nature of Source	Size of Source	Number of Sources
Americium 241	0.125 microcuries	31
	5 „	10
Caesium 137	0.9 „	2
Plutonium 239	0.1 „	15
	5 „	5
Radium 222	5 „	1
Radium 226	5 millicuries	1
	5 microcuries	56
Strontium 90	0.125 „	28
	1 „	15
	5 „	13
	9 „	23
Strontium 113	9 „	1
Thorium Hydroxide	1 „	3
	4 „	1
Tritium	10 curies	1

Medical Care of Immigrants

Medical Arrangements for Long-Stay Immigrants

The scheme introduced by the Ministry of Health in January 1965 has continued. Under the scheme medical inspectors at ports endeavour to obtain destination addresses from those immigrants who are referred to them. They then forward these addresses to the Medical Officers of Health of the areas concerned, who arrange for the immigrants to be visited and given general information about the health services, and persuaded to register themselves and their dependants with general medical practitioners, with a view particularly to chest X-ray where this is appropriate.

When notification is received of the arrival of an immigrant in Liverpool arrangements are made for a health visitor to call at the address given. Annual returns of figures relating to the visits are made to the Department of Health and Social Security.

A summary of the results for the year is given below:—

Advice notes were received relating to 279 persons said to be in Liverpool addresses.

200 of these were traced during the year. Another 8 notified towards the end of the previous year were also traced.

Not traced during the year: 79.

In addition 24 notifications were received relating to persons living in adjacent areas, and these were forwarded to the correct local authorities.

Occupational Health

Any organisation, large or small, is concerned with the health of its employees. Liverpool Corporation, with its many departments and thousands of employees has oversight of the health of these through the Medical Officer of Health's Occupational Health Section.

General

This section not only deals with occupational health but also with medical aspects of concessionary travel passes and driving licences. Much of the work is that of routine medical screening. For this purpose, the section is equipped with electrocardiograph, vitalograph and other diagnostic aids.

With the recent alteration in policy with regard to mass radiography, administrative changes have had to be made. Large X-ray films are taken at X-ray Units when asked for, otherwise mass miniature radiographs are arranged only for those whose work suggests the need for X-ray, such as those in contact with children.

When necessary, persons are referred either to their own general practitioner or directly to a consultant.

Officer grades and others such as home helps, ambulance staff or cooks are examined for fitness to undertake the duties of these posts. Those classed as manual workers are examined when superannuation is considered.

Persons with prolonged sickness records require investigation as to future fitness, and the section makes the necessary investigations, and then advice as to future work can be given. For this reason, there is close contact between the section, the employing department and the Town Clerk's Personnel Unit. In addition, medical examinations are carried out on a reciprocal basis for other local authorities.

Police

The Medical Officer of Health is the medical consultant to the Liverpool and Bootle Constabulary.

Under this heading, medical examinations are made of cadet and adult recruits. The medical supervision continues at half-yearly intervals during their training period. Sickness and accident cases are investigated with a view to future work in the force and, if necessary, pension rights.

Also, medical examinations are made of traffic wardens and crossing patrols. The latter, tending to be of the older age group, frequently require half-yearly supervision.

Fire Service

Here again the Medical Officer of Health acts as medical consultant. The personnel have similar examinations to those of the Constabulary, in addition, examinations are made of those attending on breathing apparatus courses at the Fire Training School. From the very hazardous nature of Fire Service employment, consultation and oversight obviously has to be constant and close.

Special Examination

As already mentioned, examinations are undertaken with regard to concessionary travel passes. These are undertaken under the Travel Concessions Act 1946 and require a minimum leg disability of 35% before being granted.

Mersey Tunnel workers are examined six-monthly, chiefly because of their exposure to exhaust fumes. Those constructing the new tunnels are examined as and when necessary, and examinations are undertaken in co-operation with the Factory Inspectorate.

To safeguard the health of the employees and of the general public, employees working on water mains are examined with particular emphasis on freedom from infection.

Heavy goods vehicle drivers are now, by law, required to have medical examinations before being granted driving licences. Such applicants were drawn from various departments, including the Fire Service.

In conclusion, the work of this section is responsible and owes its smooth running and quality to the medical and clerical staff. Their efforts are much appreciated.

CAUSES OF UNFITNESS

Diseases of the Cardio-Vascular System		
Deep Vein thrombosis	4	
Varicose veins	4	
Cardiac murmur	2	
Hypertension	28	
Coronary thrombosis	7	
Cardio vascular atheroma	5	
Coronary artery disease	10	
Myocarditis	3	
Ischaemic heart disease	4	
Intermittent claudication	2	
Valvotomy	3	
Congestive cardiac failure	3	
Angina	6	
Pulmonary embolus	1	
Tachycardia – Fibrillation	1	
Cardiac history	1	
Hemiplegia	2	
	86	(23.9%)
Diseases of the Respiratory System		
Chronic bronchitis	32	
Lobectomy	1	
Chronic obstructive respiratory disease	5	
Emphysema	12	
Asthma	6	
Bronchogenic carcinoma	1	
	57	(15.8%)
Diseases of the Digestive System		
Carcinoma colon	1	
Duodenal ulcer	8	
Gastritis	3	
Partial gastrectomy	2	
Hiatus hernia	3	
Peptic ulcer	2	
Cholecystectomy	1	
	20	(5.6%)
Diseases of the Urogenital System		
Dysmaenorrhoea	1	
Menorrhagia	1	
Albuminuria	1	
	3	(0.8%)
Diseases of the Endocrine System		
Diabetes	3	
Thyrotoxicosis	2	
Pituitary gland disease	1	
	6	(1.7%)
Diseases of the Skin		
Psoriasis	2	
Eczema	2	
	4	(1.1%)
Diseases of the Musculo-Skeletal System		
Fractured heel	1	
Osteoarthritis	16	
Frozen shoulder	3	
Rheumatoid arthritis	4	
Rheumatics	2	
Chronic lumbar strain	3	
Sciatica	1	
Cartilage injury (knee)	1	

CAUSES OF UNFITNESS *(continued)*

Diseases of the Musculo-Skeletal System—<i>continued</i>		
Disc lesion	6	
Muscular dystrophy	1	
Fractured leg	3	
Post traumatic injuries face and neck	1	
Dislocated shoulder	1	
Spinal stenosis	3	
Cervical arthritis	2	
Cervical spondylosis	2	
Arthritis of knees	1	
Carpal tunnel syndrome	1	
	<hr/> 52	(14.4%)
Diseases of the Ear, nose and Throat		
Chronic suppurative otitis	2	
Otitis externa	1	
Nasal neoplasm	1	
	<hr/> 4	(1.1%)
Diseases of the Eye		
Injury to left eye	1	
Loss of (L) eye	1	
Defective eyesight	9	
Colour vision	1	
Cataract (L) eye	1	
	<hr/> 13	(3.6%)
Diseases of the Central Nervous System		
Cerebral carcinoma	1	
Epilepsy	3	
Parkinsonism	2	
Motor neurone disease	1	
	<hr/> 7	(1.9%)
Mental disorders		
Depressive state	10	
Anxiety neuroses	2	
Schizophrenia	4	
Anxiety depression	10	
Endogenous depression	1	
Nervous debility	2	
Paranoid psychosis	1	
	<hr/> 30	(8.3%)
Miscellaneous conditions		
Obesity	18	
Hysterectomy	1	
Sickness record	38	
Mastectomy	3	
Alcoholic gastritis	4	
Ulcerated foot	1	
Thoracoplasty	1	
Myeloid Leukaemia	1	
Anaemia	4	
Bilateral herniotomy	1	
Inguinal hernia	1	
Poor physique	5	
	<hr/> 78	(21.7%)
Total	<hr/> 360	

MEDICAL EXAMINATIONS – RETURN FOR YEAR 1972

Department	Admission to Superan. Fund		Extension of Sick Pay		Fitness of New Officials		Suitable to continue in employment		Totals
	Fit	Unfit	Fit	Unfit	Fit	Unfit	Fit	Unfit	
Airport	7	—	—	—	—	—	—	—	7
Ambulance	—	—	—	—	15	1	1	—	17
Art Gallery	9	2	—	—	—	—	2	1	14
Building Surveyors	—	—	—	—	1	—	—	—	1
Central Purchasing	2	—	—	—	14	—	—	3	19
City Architects	—	—	—	—	—	—	—	—	—
City Engineers	167	22	2	—	229	—	20	18	458
City Estates	52	13	—	—	59	—	6	7	137
City Lighting	26	—	—	—	18	—	4	3	51
City Planning	—	—	—	—	37	—	—	—	37
City Treasury	—	—	—	—	69	—	4	2	75
Education	90	9	1	—	567	2	46	82	797
Fire Service	—	—	—	—	446	—	59	7	512
Health	1	—	—	—	3	—	—	—	4
Housing	48	3	1	—	77	—	14	17	160
Libraries	11	—	—	—	55	—	4	1	71
Magistrates	—	—	—	—	16	1	1	—	18
Markets	23	1	—	—	16	—	5	7	52
Mersey Tunnel	—	—	—	—	102	—	—	5	107
Museums	3	—	—	—	11	—	2	—	16
Personal Health	9	—	—	—	65	—	4	1	79
Police	26	3	—	—	668	27	36	18	778
Port Health	2	—	—	—	—	—	—	—	2
Probation	—	—	—	—	35	—	—	—	35
Programme Planning	—	—	—	—	3	—	—	—	3
Recreation	105	5	—	—	68	16	9	15	218
Social Services	60	5	—	—	612	7	32	16	732
Town Clerks	—	—	—	—	94	—	—	—	94
Water	89	10	—	—	42	1	8	17	167
Works	56	8	—	—	7	—	6	4	81
Total	786	81	4	—	3,329	55	263	224	4,742

Total Fit **4,382**
Total Unfit **360**
Other Authorities **53**

Emergency Care of the Elderly

Removal to Suitable Premises of Persons in Need of Care and Attention

These cases are assessed with great care, due regard being given to the medical, social and environmental aspects. Every effort is made to provide adequate support in the home, whatever the need, in order to maintain an independent existence for these elderly persons as long as possible.

Most cases visited, because of illness or general senility, can no longer be cared for at home and require hospital or residential accommodation for recovery or the maintenance of reasonable health. Whenever this situation occurs the medical and welfare problems are fully discussed with the person, and an offer of suitable premises away from home is made. The majority, when discovered in need, can be persuaded to accept admission for care and attention. The remainder, because of their condition, have no insight into their problems, and require firmer measures. In these cases Section 47 of the National Assistance Act, 1948 is invoked.

The emergency care of the elderly is undertaken in co-operation with the Social Services Department. In fact, the emergency arises as a result of their request to assist them in difficult situations.

Rehousing on Medical Grounds

The Medical Officer of Health is authorised to grant priority in rehousing to a limited number of persons on health grounds.

Housing applicants who are eligible for the Liverpool Corporation Housing Register and apply for rehousing on medical grounds may be awarded five points which are added to the applicant's basic points. In some cases these addition points will bring the applicant into the allocation group and he is assured of rehousing. In cases of urgent need a special priority recommendation may be made for rehousing the applicant.

For housing applicants who already live in Council property and request transfer, the Medical Officer of Health may recommend priority in only the most urgent cases, owing to the very large number of applications made.

Tenants of property included in a compulsory purchase order may require specialised rehousing, and where necessary, the appropriate recommendation is made to the Director of Housing.

Tenants of Council property who feel they are unable to manage alone in their accommodation apply to the Medical Officer of Health for a medical recommendation for permission to sub-let to a relative who will care for them. The cases are investigated and recommendations are made if considered essential.

During 1972, 10,188 applications were received for rehousing on medical grounds. Of these, 7,357 applicants were already living in Council accommodation which they found unsuitable, and applied for a transfer to more suitable property, and 2,831 were resident in non-Corporation property and applied for Council accommodation.

The details of each individual application were closely examined and, where necessary, visits were made by a medical officer, health visitor, social worker, public health inspector or occupational therapist. An assessment of the medical factors was then made, and consideration was given not only to the individual applicant but to the whole family as a unit. Special recommendations were made to rehouse handicapped people in the type of accommodation most suited to their disability.

Of the applicants in Council property 529 were recommended for transfer to alternative accommodation, and of these, 119 transfers were effected by the end of the year. In the group living in property owned by private landlords, 242 cases were recommended for special priority allocation, of which 110 were rehoused by the end of the year. From the previous two years' recommendations 31 transfers and 73 priority cases were rehoused during 1972. In addition, 292 applicants were awarded points. Details are given in the table below:—

1972	Special Priority Cases	Transfers	Totals
Number of applications received	2,831	7,357	10,188
Priority rehousing recommended	242	529	771
Number of these rehoused during year	110	119	229
Number still not accommodated	132	410	542
Recommendations in slum clearance cases	—	465	465
Number of these rehoused during year	—	59	59

In most cases the medical factors put forward in the applications were genuinely related to the housing conditions, and benefit would have been obtained from suitable rehousing. However, owing to the severe shortage of housing accommodation in Liverpool, only the more serious cases could be considered, and a medical recommendation was only made where there was a reasonable prospect of the applicant being rehoused.

The cases for which medical recommendations were made are tabulated below in broad groups of the medical conditions concerned. It can be seen that the major conditions were cardiovascular disease, respiratory disease and conditions affecting locomotion.

MEDICAL CONDITIONS FOR WHICH RECOMMENDATIONS WERE MADE

Diagnosis	Number Awarded Points	Number Recommended for Special Priority	Number Recommended for Transfer	Totals
Cardiovascular Disease	63	87	139	289
Respiratory Disease	92	36	127	255
Conditions affecting locomotion	54	54	130	238
Psychiatric Conditions	36	22	57	115
Malignant Disease	7	13	48	68
Debilitating Disease	23	22	14	59
Blindness and Deafness	7	8	14	29
Totals	282	242	529	1,053

The most important single factor encountered was the inability to climb stairs. Many recommendations had to be made for rehousing into accommodation accessible without the use of stairs, a category which, in general, includes accommodation accessible by a lift. A summary of the types of recommendation made is given in the table below:—

TYPES OF RECOMMENDATIONS MADE

Recommendation	Special Priority Allocation	Transfer	Totals
No stairs	120	263	383
No more than one flight of stairs	12	32	44
Ground floor	50	88	138
House	54	129	183
Warden-controlled	2	1	3
Others	4	16	20
Totals	242	529	771

Mental Health

Thomas L. Begg, MB ChB, MFCM, DPH
Principal Medical Officer (Mental Health)
Medical Adviser in Mental Health

Last year's annual report outlined the changes which had taken place in the Mental Health Service as a result of the setting up of the Social Services Department and the transfer of responsibility for children in junior training centres to the Education Department.

The year now under review has given the departments concerned an opportunity to consolidate these changes and to look more closely at future needs some of which were suggested in last year's report.

It was also indicated last year that there appeared to be some confusion on the part of social workers regarding the role of the medical officer and, in an attempt to clarify this situation and to discuss in general terms mental health problems which the social services districts may be facing, arrangements were made to visit each of the eleven districts in the early part of 1972.

Our discussions were wide-ranging and varied from district to district so that it is difficult to present a brief summary of our conclusions.

At the outset I must say that I was quite impressed with the enthusiasm of most of the social workers I met although at the same time I must also say that some showed a lack of understanding of the difficulties facing any organisation which has so many needs with limited resources to meet those needs. There is bound to be, therefore, a lack of agreement regarding priorities and an understandable feeling of frustration on the part of those who cannot, or will not, see that resources are ultimately dependent on available finance. It may be, of course, that some of this frustration and lack of understanding resulted from a lack of clear communication to the workers at field level.

There was a wide variation in the number of mental health problems from district to district and also in the availability of social workers with mental health experience on each district. At the same time there appeared to be no single pattern of operation throughout the districts—the pattern varied from the districts where one experienced basic grade social worker dealt with practically all mental health problems to the districts where case-loads were made up of child care, welfare and mental health cases.

I was particularly struck by the admitted fear of some of the social workers in dealing with mental health referrals but hope that our discussions will have helped to allay this, at least to some extent. I feel that some of the anxiety expressed was due to a lack of experience but at the same time believe that some of it may arise because some social workers do not wish to be involved overmuch in this aspect of the work. I say this because there were also a number of social workers who expressed an interest in mental health and a wish to work mainly in this field.

Many of the social workers admitted that, because of pressure of work, they were unable to visit all the mental health cases on their case loads. When I criticised this situation the counter-argument was generally that, where they had a mixed case-load of child care, welfare and mental health cases there are statutory requirements relating to child care cases which are so time-consuming that the social worker does not have the time to visit, for example, mental health cases. The result at that time, therefore, appeared to be that there were some mental health cases not being visited and one must wonder what was happening to them.

It also came to light that there was some confusion about the need to provide social work support for the families of children attending E.S.N.(S) schools. Many of the social workers seemed unaware that this was part of their function and that they should maintain contact not only with the families but with the schools despite the fact that I notify the district offices of children examined by the school medical officers and recommended for E.S.N.(S) schooling. In view of this, arrangements were made for the head teachers also to notify the appropriate district office when a child is admitted to an E.S.N.(S) school.

These visits to the district offices may have been of value even if they only helped to clarify such administrative matters, but rather than recite other examples it would perhaps be better to relate the views I put forward at the time on a possible way of tackling the overall problems relating to mental health which appeared to result from the existing district organisation.

It seemed to me at the time that by appointing qualified social workers to the posts of District Officer, Principal Social Worker and Senior Social Worker as then organised, a great deal of practical expertise in the social work field had been lost.

The District Officers seemed to spend much of their time on administrative duties and I wondered if it might not have been helpful to appoint an administrative officer to whom they could delegate their administrative functions, thus giving them more time to use their abilities as social workers for the benefit of their teams.

I found it virtually impossible to get a clear picture of the work done by the Principal and Senior Social Workers apart from the fact that they had supervisory duties in relation to the basic grade social workers but so far as I could gather this did not seem to occupy them full-time. Their individual experience was varied but, it is probably fair to say, was generally limited in the mental health field and I have no doubt that some of them therefore must have found it difficult to feel that they were providing adequate supervision for the basic grade social workers in relation to mental health problems. At that time most of them did not seem to carry a specific case-load and I wondered whether their social work skills were being used to best advantage.

In relation to the basic grade social workers there appeared to be some confusion as to what was meant by the term "generic" social worker. As I understood it at the time this meant that social workers were to deal with all types of cases and, as stated earlier, this seemed to be applicable in some but not all districts. It seemed to me that by making social workers generic in this way there had been a dilution of service and there was a risk that a social worker, particularly interested in say child care, might tend to concentrate on that part of his case-load at the expense of the welfare and mental health cases.

Whilst appreciating the theory of such a practice and accepting that, so far as case-work is concerned, there is perhaps not a great deal of difference in dealing with cases across the board, I considered that it was probably expecting too much for any individual to be fully conversant with the mass of legislation which must be known if the work is going to be done without creating unnecessary anxiety.

It seemed to me, therefore, that some rethinking was necessary and that more consideration should be given to the provision of a generic service rather than a generic social worker and that, although I would agree that it is necessary for social workers to have as wide a knowledge and understanding of the three main disciplines as possible, there was a need for a return to specialisation. New entrants particularly need to be given a picture of the overall aims of the service and to be shown the workings of the three main divisions. I believe they should then be allowed to opt for one of the divisions as their main line of work but accept that this will not exclude them entirely from involvement in other disciplines since they will largely be involved with families and should be able to deal with whatever problems arise within these families. For example, if a social worker opts for mental health and on visiting a case finds that a child care or welfare problem is also present in the family he should be expected to take this up and deal with it as a total family situation. He may find it necessary to consult with or seek the advice of a colleague more experienced in that particular field but by this means he should gain overall experience of dealing with family problems and provide a better service to his clients.

It was interesting that, at a meeting towards the end of the year, the Director stated that he was in fact aiming to provide a generic service rather than generic social workers and that some specialisation was not ruled out.

Throughout the year I continued to pay regular visits to the four E.S.N.(S) schools, the adult training centres and workshop for the mentally subnormal, the hostels and other units to discuss problems with the staff and to deal with any crisis situations which arose.

By the end of the year it was evident that the facilities at the adult training centres and workshop at New Hall were being stretched but this situation will be relieved when the new purpose-built adult training centre and workshop open at Netherley during 1973.

The problem of residential accommodation for mentally sub-normal adults has until now been adequately met at New Hall but here again it is evident that it cannot continue to provide for all the residential needs of the adult mentally subnormal in the City although the number of beds there has been increased to 186 plus 6 beds reserved for short-term care.

As regards mentally subnormal children, a number of requests were received from social workers for hospital care but application was made only for those cases considered to require hospital admission for medical treatment or nursing care. Where these criteria were not met and the reason for the request was social need the case had to be referred back to the social worker who was then placed in the difficult position of being unable to offer any alternative accommodation in most cases. There can be little doubt that the social worker must have felt frustrated in his subsequent dealings with the family but this situation will not be resolved until the local authority provides residential accommodation or substitute homes are available for such children.

There was continuing pressure on the Social Services Department to find residential accommodation for patients being discharged or considered fit for discharge from the psychiatric hospitals and in this respect I can only repeat what was said in last year's report that there is an urgent need for such accommodation and that adequate occupational therapy and workshop facilities must also be provided for these patients.

I also mentioned in last year's report that there was a need for social workers to form a close working relationship not only with family doctors but with consultant psychiatrists and the psychiatric hospitals and that this would become increasingly important when the hospital catchment areas were finalised.

During the year discussions took place with officers of the Regional Hospital Board and the Board resolved that there would be three psychiatric catchment areas in the City based on the North (Walton and Rainhill Hospitals), South Central (Sefton and Rainhill Hospitals and the Professorial Unit) and East (Broadgreen, Park Day and Rainhill Hospitals). Towards the end of the year arrangements were made for meetings with each of these psychiatric teams to discuss the liaison arrangements with the social services districts. It is hoped that as a result, a much closer working relationship between the psychiatric teams and social services will develop. If this does happen then I hope that one result will be the setting up of a comprehensive 24 hours-a-day service providing psychiatric cover in the City as I suggested in last year's report.

One aim of such a provision would be to try to prevent unnecessary compulsory admission of patients to hospital. The use of compulsory procedures has been a matter for comment in every annual report since the introduction of the Mental Health Act, 1959, and I made reference to this last year.

In 1971 the total number of all direct admissions involving mental welfare officers was 1,096 and in 1972 the total was 944.

The Section 29 admissions in 1971 therefore accounted for 21.8% of the total and in 1972 for 19.5%.

The Section 25 admissions in 1971 accounted for 21.7% of the total and in 1972 for 23.6%.

In 1971 the combined Section 29 and Section 25 admissions accounted for 43.5% of the total admissions and in 1972 they accounted for 43.1% of the total.

There would seem, therefore, to have been a slight shift from the use of Section 29 to Section 25 but no significant reduction in the proportion of these admissions to total admissions in 1972 compared to 1971.

The following table shows comparative percentages for the numbers quoted in Table 2.

Table 3
SECTION 29 AND SECTION 25
ADMISSIONS AS PERCENTAGES OF TOTAL ADMISSIONS

	1969	1970	1971	1972
Section 29	18.1%	20.8%	21.8%	19.5%
Section 25	23.6%	26.3%	21.7%	23.6%
Section 29 & Section 25	41.7%	46.1%	43.5%	43.1%

It can be seen that following transfer of responsibility for mental health to the Social Services Department, there was an increase in the proportion of Section 29 and Section 25 admissions but that there has been a reduction in the two following years although not to the 1969 level.

It is to be hoped, however, that with the closer liaison envisaged between the local authority and hospital services compulsory hospital admissions will begin to show a reduction fairly soon.

The following table was compiled to show the Section 29 and Section 25 admissions during 1972 according to place of residence of the patient and hospital.

Table 4

SECTION 29 & 25 ADMISSIONS BY PLACE OF RESIDENCE 1972

District	Rainhill		Sefton		Whiston		Ormskirk		Winwick		Deva		St Cath- erines		Moss Side		Totals
	29	25	29	25	29	25	29	25	29	25	29	25	29	25	29	25	
A	23	15	6	9	—	2	—	—	—	—	—	—	—	—	—	—	55
B	5	5	—	1	—	—	—	—	—	—	—	—	—	—	—	—	11
C	11	24	2	2	—	—	—	—	—	—	—	—	—	—	—	—	39
D	7	9	10	9	—	—	—	—	—	—	—	—	—	—	—	—	35
E	5	17	15	18	—	—	—	—	—	—	—	—	—	—	—	—	55
F	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
G	16	14	2	—	—	—	—	1	—	—	—	—	—	—	—	—	33
H	20	21	2	1	—	—	—	—	—	—	—	—	—	—	1	—	45
I	4	8	5	7	—	1	—	—	—	—	—	—	—	—	—	—	25
J	7	5	9	9	—	1	—	—	—	—	—	—	—	—	—	—	31
K	9	6	4	3	—	1	—	—	—	—	1	1	—	—	—	—	25
Lancs.	2	11	6	—	—	3	—	2	—	—	—	—	—	—	—	—	24
Cheshire	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
N.F.A.	2	3	1	1	—	—	—	—	—	2	—	—	—	—	—	—	9
Bootle	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	2
Birkenhead	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2
Outside Area	1	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	7
Total	116	146	64	61	—	8	—	4	—	3	2	1	1	—	1	—	407

It can be seen that there is a wide difference in the numbers of these admissions between the various social services districts in the City.

Taking only the figures for Liverpool districts and expressing them as a percentage of the total Section 29 and Section 25 admissions from these districts it is perhaps of interest to see how these are apportioned in the psychiatric catchment areas proposed by the Regional Hospital Board.

Table 5

North Team		South/Central Team		East Team	
		All District A = 15.2% (55)			
All District B =	3.0% (11)	All District D =	9.7% (35)	½ District C =	5.4% (19½)
½ District C =	5.4% (19½)	All District E =	15.2% (55)	All District H =	12.4% (45)
All District F =	2.2% (8)	½ District I =	3.45% (12½)	½ District I =	3.45% (12½)
All District G =	9.1% (33)	All District J =	8.6% (31)	All District K =	6.9% (25)
<hr/>		<hr/>		<hr/>	
Total	= 19.7% (71½)	Total	= 52.15% (188½)	Total	= 28.15% (102)
(The figures in brackets indicate the number of patients dealt with)					

These figures can only be taken as an indication of apportionment since the splitting of a district may not result in an even division of the numbers but they indicate that during the year, if the catchment areas had been operative, the heaviest burden would have fallen on the South/Central team.

Table 6 shows the total cases dealt with by mental welfare officers during the year.

Table 6

	January		February		March		April		May		June		July		August		September		October		November		December		Total	Grand													
	M	F	Tot.	M	F	Tot.	M	F	Tot.	M	F	Tot.	M	F	Tot.	M	F	Tot.	M	F	Tot.	M	F	Tot.	M	F	Total	Total											
Informal	31	29	60	22	18	40	25	31	56	17	15	32	22	19	41	26	21	47	23	27	50	23	22	45	21	26	47	11	19	30	18	12	30	14	25	39	253	264	517
Section 25	14	8	22	8	17	25	10	13	23	7	11	18	2	8	10	4	13	17	8	13	21	8	17	25	5	10	15	7	4	11	8	7	15	10	11	22	91	132	223
Section 26	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	1	-	1	-	-	-	-	-	-	-	2	1	3	
Section 29	13	5	18	4	5	9	5	6	11	8	10	18	6	14	20	4	6	10	9	12	21	6	10	16	7	6	13	13	9	22	2	8	10	7	9	16	84	100	184
Section 60	1	-	1	1	1	2	2	4	1	1	2	2	2	2	-	2	2	-	2	-	-	-	-	-	-	-	-	2	-	2	-	-	-	1	-	1	12	3	15
Section 65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	1	-	1
Section 136	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	1	1	
Totals	60	42	102	35	40	75	42	52	94	33	37	70	32	41	73	36	40	76	41	52	93	37	49	86	33	43	76	33	32	65	29	28	57	32	45	77	443	501	944

Conversions: 57 patients detained under Section 30 were subsequently detained under Section 25 and 1 under Section 26.

In addition to my advisory work with the Social Services Department, this has been an interesting year in that I have been involved in many meetings dealing with the reorganisation of the psychiatric services resulting from the proposed reorganisation of the National Health Service. It remains to be seen, of course, whether the new management structure will result in a more efficient service with greater benefit to the patient which must be the aim of us all. There can be little doubt that success will be dependent on the goodwill of multi-disciplinary management teams and the desire of each member to work in the spirit of co-operation which will be essential if the best use is to be made of the resources available to provide for competing services. If such co-operation does not exist then there may be a real danger that decisions are not taken or are delayed because it may not be possible to say "the buck stops here" owing to the team method of organisation and decision-making.

Membership of two "Cogwheel" psychiatric divisions and weekly meetings with the consultant psychiatrists at Rainhill Hospital lead me to hope, however, that the spirit of co-operation does exist and I must say I have found these a most useful means of discussing problems from both the local authority and hospital point of view and of providing an overall picture of the many problems facing us in the mental health field.

There can be no doubt that many gaps remain in the services to be provided for the mentally disordered and local authorities are facing a tremendous task over the next few years. Increasing pressures on the hospital services to reduce the number of beds in psychiatric and mental subnormality hospitals to the norms set by the central department must result in pressure on local authorities to make greater community provision for the mentally disordered. This can only be done if adequate finance is available—if it is not then there is a possible danger that patients discharged from psychiatric and mental subnormality hospitals will be left unsupported or inadequately provided for in the community and we may find that community tolerance decreasing to the point where there is over-reaction to the presence of the mentally disordered with unfortunate consequences.

Cremation

The Medical Officer of Health continues to act as medical referee to the Liverpool Crematorium. Several other medical officers on the staff of the department acted as deputy medical referees. The documents, which are statutory, are scrutinised at the central offices of the Liverpool Health Department before authority is given to cremate.

The number of cremations carried out during the year at the Liverpool Crematorium was 4,419. This is a slight increase over the number undertaken during 1971 (4,327).

No undue difficulties arose during the year in respect of sudden deaths occurring abroad where cremation was later carried out. Written formal requests for cremation to take place on death were received, as in former years, from several members of the public, and these are filed for future reference in order that their wishes may be met.

Water Engineer's Report

The water supply in all parts of the area has been satisfactory in quality and quantity.

No case has occurred of specific contamination of sources and, therefore, no special measures have been required. Vigilance continues, however, and contingency measures are available should they be required.

The number of dwelling houses, flats and shops with domestic living accommodation supplied from the public water mains in Liverpool was 194,432. None was supplied by a standpipe. The population of the City, as estimated by the Registrar General for the 30th June, 1972, was 588,600.

Four samples of water from the aqueducts and distribution systems were examined for fluoride content. The average amount of fluoride expressed as F in the samples was 0.12 p.p.m., the range being from 0.10 to 0.16 p.p.m.

During the year 1972 bacteriological examinations were made on 3,858 samples of water from the aqueducts, wells, storage reservoirs, trunk mains and distribution system. Of the 3,858 samples, 950 were taken within the City from two service reservoirs and from sampling points on the mains other than the trunk mains. Of the 950, 94.7% were free from E.Coli in 100 ml. and 81.9% were free from coliform organisms in 100 ml. Of the 3,858 samples, 1,403 were taken from the trunk mains which serve the City and other parts of the area of supply. Of the 1,403, 98.6% were free from E.Coli in 100 ml. and 89.3% were free from coliform organisms in 100 ml. Also, 75 chemical analyses were made and the results were satisfactory.

For plumbo-solvency, 306 analyses were made by the Public Health Laboratory. The average amount of lead absorbed in these samples (excluding those taken from houses by Public Health Inspectors) of water that had passed through test lengths of lead piping was .04 p.p.m. 196 analyses were made by the Water Division's Chemist at Huntington and the average amount of lead absorbed in those samples of water that had passed through test lengths of lead piping was .02 p.p.m. The supplies from Rivington, Lake Vyrnwy and Huntington were treated with hydrated lime in order to raise the pH value.

The results of samples of water taken during 1972 are as follows:—

LEAD IN DRINKING WATER

Lead Content Parts Per Million	Running Water No. of Samples	Still Water No. of Samples
0.01	56	8
0.02	80	27
0.03	61	21
0.04	48	33
0.05	24	28
0.06	15	21
0.07	7	22
0.08	9	18
0.09	7	13
0.10	5	20
0.11	2	10
0.12	2	8
0.13	4	8
0.14	3	12
0.15	—	7
0.16	2	13
0.17	1	7
0.18	—	2
0.19	2	7
0.20	1	4
0.21	—	6
0.22	—	3
0.23	—	4
0.24	—	1
0.25	—	1
0.26	1	2
0.27	—	—
0.28	—	2
0.29	—	4
0.30	—	2
0.31	—	—
0.32	—	1
0.33	—	2
0.34	—	—
0.35	—	2
0.36	—	2
0.37	—	—
0.38	—	—
0.39	—	2
0.40	—	1
0.52	—	1
0.58	—	1
1.30	—	1
1.33	—	1
1.40	—	1
*5.70	—	1

*The premises from which the sample was taken were included in a Compulsory Purchase Order and are now vacant.

Chest Physicians' Reports

SOUTH LIVERPOOL CHEST CLINIC

Dr. F. E. Crawley, Consultant Chest Physician, writes:

There is very little for special comment about the work of the Clinic which, in all particulars, has shown little change from the previous year.

There are 567 patients on the T.B. Register—only 3 less than last year, the number of new cases now approximately equalling the number removed from the Register as cured, and this state is likely to continue with little change over the next few years.

There was a slight rise from 55 to 61 in the number of new cases with respiratory tuberculosis and a fall from 14 to 9 in non-respiratory disease, though the latter figures are not usually statistically reliable, since many are not notified.

About 30% of our tuberculous patients are under frequent supervision and on drug therapy, the remainder attending at intervals of up to a year before final discharge as cured.

7 patients died from pulmonary tuberculosis, i.e. fully 10% of those notified, an indication that circumstances (usually neglect) can still allow the disease to become too advanced to permit of control by treatment. Against this, one-third of the patients with respiratory tuberculosis were considered to have the disease in a mild enough form to justify treatment at home throughout.

There has been a reduction in the number of newly-born children given B.C.G. in Maternity Departments of hospitals, apparently due to a more critical appraisal and realisation of the absence of risk of infection in a child in a family environment in circumstances which formerly have been thought to warrant B.C.G. vaccination.

NORTH CHEST CLINIC

Dr. W. D. Gray, Consultant Chest Physician, writes:

This year the number of new cases notified as suffering from Tuberculosis in the area of Liverpool served by the North Chest Clinic has dropped from 60 to 44, 40 of these being pulmonary cases and 4 non-pulmonary. This is a considerable improvement and takes the figures back to approximately where they were in 1970. 447 contacts were examined as compared with 494 in 1971 and 343 patients were given B.C.G. The number of tuberculin tests this year was 269 as compared with 322 in the previous year. The Tuberculosis Register has risen to 673 from 574 in the previous year. Part of this must be accounted for by the fact that only 30 patients were removed from the register as recovered compared with 76 last year, and owing to an adjustment of boundaries with the East Chest Clinic area, a number of patients have been transferred from that Clinic to ours.

Attendances at the Clinic for tuberculosis purposes amounted to 1,701 attendances, and for non-tuberculous 2,304 making a total figure for attendances this year 4,005 a reduction of 408 as compared with 1971. Deaths from tuberculosis and other causes this year were 18 as compared with 13 the previous year. The reduction in the number of new cases notified with tuberculosis is a hopeful sign which shows that Liverpool is at last beginning to catch up on national trends. Nevertheless a considerable amount of preventive work remains to be done in this area and close supervision of patients who have had tuberculosis remains important, and necessary if we are to avoid relapses. This may become less necessary in the future as more and more patients on the register will have been treated with adequate chemotherapy. The patients at the moment who require close supervision are those who never had what we would now regard as efficient chemotherapy, but were treated by a short course of chemotherapy combined with collapse therapy of one or other kind.

CENTRAL CHEST SERVICE

Dr. H. N. Bleasdale, Consultant Chest Physician, writes:

The work of the Central Chest Service in 1972 appears to have been numerically much the same load as in the previous year. 475 (561) patients attended for the first time, whilst the number found to be suffering from pulmonary tuberculosis was 23 (39), the remainder being found to have other chest conditions.

Contacts examined numbered 288 (296). The total number of patients attending the clinic including observation cases, but excluding contacts was 1,375 (1,272).

The Health Visitors made 951 (916) visits to patients' homes and gave advice on the prevention of the spread of disease. B.C.G. Vaccination was given to 50 (66) contacts.

The work mentioned in the previous report designed to improve the amenities of the patients has been carried out, though at the time of writing has not been quite completed. Although it is many years since the discovery of antibiotics and the dramatic decrease in the mortality and morbidity of tuberculosis, the disease is still with us. B.C.G. vaccination has been demonstrated to give a good measure of protection over a period of many years, and its use in schools should be encouraged.

I cannot write these notes without making reference to the diligent work of the health visitors attached to the clinic. Their work in the field has brought to light several new cases, and their enthusiasm in the tracing of contacts has been exemplary.

The figures in brackets are those recorded in 1971.

EAST CHEST CLINIC

Dr. R. A. E. Agnew, Consultant Chest Physician, writes:

The work at East Chest Clinic has continued on much the same level as in 1971. 542 patients were examined for the first time compared with 600 in 1971. Of these 38 were found to be definitely tuberculous which is a drop of only 10 compared with the previous year. 422 were found to be suffering from other chest conditions, compared with 458 the previous year.

There is a slight fall in the total numbers of contacts examined at 120, compared with 143 in 1971, and of these only three children were found to be definitely tuberculous. The total number of attendances at the Chest Clinic during 1972 was 2,673 which is a very similar figure to that of 1971. The number of patients under medical treatment at home showed a decline from 126 in 1971 to 75 in 1972. It is encouraging to record that 68 patients were removed from the T.B. Register as recovered, which shows a definite increase compared with the 1971 figure. It is always controversial as to whether such patients should be completely excluded from Chest Clinic supervision subsequently or not, but the policy of this Chest Clinic is to manage each patient according to individual circumstances.

The total number of patients on our T.B. Register has dropped from just over 400 in 1971 to 333 in 1972.

It is a pleasure to record the unstinting domiciliary help we have had from the T.B. Health Visitors and their work with the contacts. The total number of visits paid to the home of patients was just under 3,000, which is very similar to the record for 1971.

131 B.C.G. vaccinations on children were carried out at the Clinic which is again a similar figure to the previous year.

The figures, I think, show that the overall decline in tuberculosis has continued but certainly in this City we are still very dependent on the enthusiasm of our Health Visitors in seeking out new patients and their contacts. It is only in this way that the disease can be finally eradicated by the potent antituberculous drugs which are now available; to reduce further the numbers of Health Visitors at this vital stage would be indeed a retrograde step.

Dr. L. H. Harris was in post in 1972, but resigned his post in May.

LIVERPOOL CENTRAL CHEST SERVICE (Mass Radiography Section)

Mr. C. C. Warmer, Senior Administrative Officer, writes:

Since January 1970, the Mass Radiography Service has formed a composite part of the Liverpool Central Chest Service, having its headquarters in Kingsway House, Hatton Garden, Liverpool 3.

The Service has a static unit at headquarters and a mobile unit which covers those areas in S.W. Lancashire and Cheshire administered by the Liverpool Regional Hospital Board.

The work of the static unit in 1972 comprised X-ray examinations arising mainly from the following sources:—

- (1) Patients referred by family doctors.
- (2) Examinations made at the request of the Medical Officer of Health.
- (3) The examination of contacts of cases of tuberculosis.

The work of the mobile unit included the X-ray examination of contacts in various firms and establishments and visits to industry where hazards to the respiratory system were considered to be present. Visits were also made to Liverpool University, Teacher Training Colleges, centres for the attendance of Health and Education staffs and to Mental Hospitals, prisons, and remand homes.

During the year 13,552 X-ray examinations were made at Kingsway House, 7,664 (56%) of these being at the request of family doctors.

The mobile unit X-rayed 44,210 people, bringing the total examinations made by the Service to 57,762.

The number of cases of active pulmonary tuberculosis discovered was 51 (static unit 20, mobile unit 31). Of this number 26 were Liverpool residents.

Maternity and Child Health

MIDWIFERY SERVICE

During the year 324 midwives notified their intention to practise midwifery in the City. This was 12 fewer than in 1971. Notifications from hospital midwives numbered 269, those from domiciliary midwives 55, of which 15 were Lancashire County and Bootle midwives who delivered patients in Fazakerley Hospital.

The number of domiciliary births was 298 compared with 385 in 1971. The number of patients nursed at home after hospital confinement was 7,075 compared with 7,013 in 1971. This shows a decrease of domiciliary births of 86 from the previous year, and an increase of 62 patients nursed at home after hospital confinement.

In addition to the 7,075 patients mentioned above, 564 premature babies were discharged to the care of three specially trained midwives.

Staff

The midwifery staff at the end of the year consisted of:—

- 1 Non-Medical Supervisor of Midwives
- 1 Assistant Supervisor
- 1 Midwifery Tutor
- 1 Training Superintendent
- 30 Full-time Midwives
- 3 Premature Baby Midwives
- 2 Part-time Midwives

During the year the Training Superintendent left for domestic reasons and a domiciliary midwife was appointed to the post. Two midwives left, one due to retirement. Two part-time midwives became full-time and five new midwives were appointed.

Training of Part II Pupil Midwives

The training scheme continued satisfactorily with pupil midwives from Sefton General Hospital, Liverpool Maternity Hospital and Mill Road Hospital. There were no pupil midwives from Broadgreen Hospital during the year.

An average of 15 pupil midwives each quarter worked under the Supervision of their teaching district midwives. Tutorials and practical teaching were given by the Tutor, and some tutorials by the Supervisor of Midwives. During 1972, 23 midwives worked as approved district teachers.

Fifty-six pupils took the course and 53 qualified as midwives. At the end of the year 28 were still in training.

One hundred and eighteen student nurses undergoing Obstetric Nurse training at Sefton General Hospital, Liverpool Maternity Hospital and Broadgreen Hospital continued to visit the domiciliary service and spent a day on the district. An average of 30 student nurses every 3 months spent a morning visiting with a midwife, and attended a Child Health Clinic in the afternoon.

Midwives' Accommodation

Fifteen midwives occupied Corporation houses or flats, two lived in furnished accommodation.

Transport

Twenty-four midwives (both full-time and part-time), the premature baby team, and the administrative staff are car owners and drivers. Two midwives are cyclists and 5 use public transport.

Postgraduate Courses

The statutory courses held in various parts of the country were attended by 4 midwives and the Supervisor of Midwives during the year.

Part-time Postgraduate Course held in Liverpool

The fourth part-time postgraduate course for midwives to be organised by this department was held this year on five consecutive weeks from 25th February to 24th March.

This course provides a very valuable service in enabling midwives who would be unable to attend residential courses for various reasons, to attend the Statutory Course under Rule G1 of the Central Midwives Board, which states that all practising midwives must attend a course of instruction every five years.

Forty-six midwives who might otherwise not have been able to continue in practice were able to attend. All the midwives who attended the course enjoyed it, and it appeared to be very successful.

In-Service Lectures and Hospital Experience

A series of lectures was initiated by the Supervisor of Midwives to bring district midwives up to date on modern treatment and techniques used in Hospital.

Most of these lectures were given by the Midwifery Tutor, and were held on Thursday evenings. On one occasion films were shown, and on another evening a lecture was given by a consultant obstetrician. These lectures have proved to be very valuable, and very much appreciated by the midwives, and it is intended to continue them in 1973 with more lectures from consultant obstetricians and paediatricians.

Arrangements were made for all our full-time midwives to spend a fortnight in the delivery suite in Liverpool Maternity Hospital so that they would be familiar with the procedures and get used to the surroundings, as it is intended that next year domiciliary midwives should deliver selected patients in hospital and take them home 12 hours after confinement. These patients will have full care both antenatally and postnatally as do patients who are confined at home. Four midwives have already spent two weeks each in the hospital, and thoroughly enjoyed the experience.

During the year 4 patients were delivered by domiciliary midwives in Broadgreen Hospital, and this arrangement will continue according to the needs of the patients.

Ante-Natal Care

Ante-natal care was carried out at 23 general practitioners' clinics, including the Health Centres at Toxteth and Cantril Farm, and also by visits to the homes of patients. Midwives attended 1,026 sessions with family doctors.

Visits to the homes of patients numbered 3,340.

One hundred and thirty analgesia demonstrations and talks on normal labour were given by midwives at Local Authority parentcraft classes.

Family Planning

Sixteen midwives attended the Local Authority course on family planning which was held at the School of Hygiene in September of this year.

The Emergency Obstetric Unit

The emergency obstetric unit was called out 13 times to the homes of patients: blood transfusion was not required in any of these cases.

Reasons for calling the unit were:—

Retained placenta	4
Post-partum haemorrhage	2
Assisted Breech Delivery	2
Asphyxia Neonatorum	2
Foetal Distress	1
Transverse lie	1
Undiagnosed twins	1

Eight mothers and babies were transferred to hospital, 3 babies only were transferred to hospital, and two mothers and babies were able to remain at home.

Emergencies

Midwives were called to emergencies by the ambulance service on 51 occasions. These patients were either booked for hospital, but called the ambulance too late, or patients who had received no ante-natal care. In all, 44 mothers were transferred to hospital in labour, or immediately after delivery and 7 mothers and babies were nursed at home.

Post Natal Care

After confinement, midwives paid 5,204 visits to their booked cases, 40,688 visits to mothers and babies discharged home from hospital before the end of the lying-in period, and 4,010 visits to patients referred from hospitals for the assessment of home conditions.

Co-operation with General Practitioners

Co-operation with General Practitioners remains very good, and the changing role of the domiciliary midwife is emphasised in the way in which her work involves her as closely with patients booked for hospital confinement as it does with domiciliary booked patients, thus increasing the liaison between midwife and general practitioner.

5,416 visits were made by patients to general practitioner clinics at which a midwife was in attendance. 706 attendances were made by patients booked for home confinement and 4,708 were patients booked for hospital confinement.

351 visits were made to patients in their own homes, of these 228 were to defaulters from clinics and a full ante-natal examination was carried out. 113 visits were made during the year at the request of General Practitioners for various other reasons.

Premature Babies

Five premature babies were born at home and all were nursed at home. 564 premature and at risk babies born in hospital were later discharged to the care of the specially trained midwives. Among these babies discharged from hospital were 28 sets of twins and two sets of triplets.

The midwives caring for premature babies made 85 visits to home deliveries and 4,632 visits to those discharged from hospital. They also visited 314 homes to assess the home conditions and to advise the mothers on conditions suitable for small babies.

MIDWIFERY SERVICE – PATIENTS TRANSFERRED TO HOSPITAL

Mothers		Babies	
Postmaturity	23	Premature baby	2
Breech presentation	11	Asphyxia Neonatorum	2
Ante-partum Haemorrhage	9	Calcium Deficiency	1
Social Reasons	9	Meningomyelocele	1
Delay in First Stage of Labour	8		
Pre-eclampsia	7		
Unstable Lie	6		
Multiple Pregnancy	5		
Ruptured Membranes for 24 Hours	4		
Anaemia	4		
Urinary Infection	4		
Premature Rupture of Membranes	3		
Rhesus Incompatability	3		
Threatened Abortion	3		
Post-partum Haemorrhage	2		
Premature Labour	2		
? Pre-Diabetic	2		
Intra-uterine Death	2		
Infertility for 10 years	2		
Deep Transverse Arrest	1		
Delay in Second Stage of Labour	1		
High Head at Term	1		
Thrombophlebitis	1		
Polyhydramnios	1		
Foetal Distress	1		
Cardiac Disease	1		
Disproportion	1		
Cholecystitis	1		
Total 118		Total 6	

REASONS FOR MIDWIVES CALLING IN MEDICAL AID – 1972

Mothers		Babies	
Pre-eclampsia	4	Spina Bifida	1
High Head at Term	1	Poor Colour	2
Premature Labour	1	Vomiting	10
Threatened Abortion	1	Feeding problems	5
Ante Partum Haemorrhage	4	Sticky Eyes	30
? Intra Uterine Death	1	Twitching	7
Delay in First Stage Labour	2	Jaundice	8
Premature Rupture Membranes	5	Thrush	9
Breech Presentation	3	Pyrexia	3
Transverse Lie with Ruptured Membranes	1	Discharging Ear	1
Cord Presentation	1	Loose Stools	6
Foetal Distress	1	Spots	4
Sacro-iliac Strain	1	Rash	2
Macerated Stillbirth	1	? Chest Infection	4
Delay in Second Stage of Labour	2	“Snuffles”	5
Retained Placenta	3	Infected Cord Stump	1
Post Partum Haemorrhage	5		
Perineal Laceration	13		
Infected Perineum	21		
Offensive Lochia	13		
Subinvolution of Uterus	14		
Abdominal Pain	7		
Distended Abdomen	1		
Engorged Breasts	46		
Inflammation of Breast	4		
Breast Abscess	2		
Urinary Infection	12		
Thrombo-phlebitis	9		
Hypertension	4		
Depression	6		
Pyrexia	3		
Painful Haemorrhoids	3		
Discharging Abdominal Wound	2		
Chest Infection	2		
Rash	2		
Tender Uterus	1		
Cellulitis at I.V. Drip Site	1		
Diarrhoea	1		
Insomnia	1		
Vaginal Discharge	1		
Fits ? Cause	1		
Total 207		Total 98	

Total 305

Of these 241 were patients discharged from hospital before the tenth day and 64 were for patients delivered at home.

Patients on Doctor’s Maternity Medical List	297
Patients not on Doctor’s Maternity Medical List	8

MIDWIFERY SERVICE – ASSESSMENT OF HOME CONDITIONS – 1972

Hospital Requests	Suitable for Early Discharge	No Contact	Not Suitable for Early Discharge
2,258	1,854	81	29

MIDWIFERY SERVICE – HOSPITAL DISCHARGES – 1972

Hospitals	2nd day	3rd day	4th day	5th day	6th day	7th day	8th day	9th day	10th+ day	Pre-mature Births	Total
Liverpool Maternity Hospital	294	351	234	435	469	277	102	54	30	146	2,392
Mill Road Maternity Hospital	279	118	62	51	86	684	230	56	46	146	1,758
Broadgreen Hospital	123	103	43	125	238	238	51	36	17	60	1,034
Fazakerley Hospital	105	115	50	273	375	86	37	23	9	88	1,161
Sefton General Hospital	102	101	47	36	54	397	220	75	53	116	1,201
Other Hospitals	7	6	5	22	22	16	4	0	3	8	93
Total	910	794	441	942	1,244	1,698	644	244	158	564	7,639

WEIGHTS OF PREMATURE BABIES CARED FOR BY SPECIALLY TRAINED MIDWIVES – 1972

	Babies born at home and cared for by the Premature Baby Team	Babies born at home and transferred to hospital	Babies born in hospital and discharged to the care of the Premature Baby Team
Less than 3 lbs 4 ozs.	—	—	—
3 lbs 5 ozs to 4 lbs 6 ozs	—	—	—
4 lbs 7 ozs to 4 lbs 15 ozs	1	—	5
5 lbs to 5 lbs 8 ozs	1	—	230
9 lbs 9 ozs and over	3	—	329
Totals	5	—	564
Sets of Twins			28
One of Twins			—
Sets of Triplets			2

MATERNAL DEATHS – 1972

During 1972 four maternal deaths occurred in Liverpool. Two of these were directly due to pregnancy and delivery; one death was due to cardiomyopathy of pregnancy and one followed therapeutic abortion. The remaining two were, one due to bacterial endocarditis, and one occurred after a traffic accident.

HEALTH VISITING

Premises

No new premises have been opened this year. Sheil Park which was opened in November, 1971, is now working to capacity having Child Health clinics, Family Planning, Cytology, Developmental Assessment and Family Advice Sessions. It is also a popular centre for the elderly where they can get chiropody treatment, and food supplements from the Welfare Foods section. On March 15th, 17 Upper Parliament Street Clinic was closed after being in use since 1919; initially in a voluntary capacity and later as a Corporation provision. Naturally this was a very sad occasion, but it was inevitable as there had been a reduction in the population of the area following demolition and secondly the structure of the building was deteriorating rapidly and was proving costly to maintain.

Health Visitor Training

Recruitment for training is at last showing an improvement, and more candidates are coming forward with the requisite educational qualifications. Thirty-two students entered the course, and were successful at their examination. Nine of these were sponsored by Liverpool and on completion of their training were appointed to the Personal Health Services Department. One student who took the course independently asked to work in Liverpool and was accepted. All the students achieved a very high standard both in theory and practice.

Thirty-six candidates, including 12 sponsored by Liverpool, commenced their training in September 1972. A tremendous amount of work goes into recruitment by liaison with the hospital nurse tutors, who are encouraged to send their students out into the community, where observation visits are made and lectures and film shows are given to demonstrate the work of the health visitor. In addition a great deal of work goes into the health visitor's contribution to the annual recruitment drive at the Liverpool School of Nursing.

Staff

As always the maintenance of staff levels remains a problem. It is not easy during a time of national shortage to attract staff to a busy urban area with all its problems. We continue to recruit nurses of the right type and qualifications to meet the ever changing needs of the City.

During the year four health visitors retired, six left for domestic reasons, and two took up appointments with other local authorities.

The Family Planning Service continues to expand and eleven more nurses were appointed on a sessional basis.

The inclusive staff at the end of the year was:—

- 1 Principal Nursing Officer (Health Visitors)
- 1 Senior Nursing Officer (Health Visitors)
- 1 Principal Tutor
- 1 Health Visitor Tutor
- 11 Principal Health Visitors
- 15 Fieldwork Instructors
- 50 Health Visitors including 6 part-time or 3 full-time
 - 6 S.R.N.'s full-time
 - 14 S.R.N.'s part-time
- 35 Family Planning Nurses (sessional)

Six members of staff attended middle management courses, four attended first line management, and four a two-part fieldwork instructors course. One health visitor who had been away from health visiting for some time attended a re-entry course and two were granted a one day a week release for a period of two years to study for the Diploma of Advanced Nursing.

Care of Children

In 1972, 8,219 primary visits were made to babies born during that year, following their discharge from hospital or from the care of the midwife, including a number born away from Liverpool and moving in to the City before the health visitor could pay her first visit.

The health visitor makes these primary visits to ensure that all is well with mother and baby and to offer help and advice where needed with home and family management; and any other problems which may have arisen.

585 babies were born prematurely, and these babies, along with others who were born at risk of delayed or disordered development or had physical or mental handicaps, required more frequent visiting than the remainder. These visits demand a great deal of time from the health visitor as the parents require to be reassured and educated in the acceptance and handling of a handicapped child. Above all these families need the constant support which their health visitor can give them.

Altogether 102,083 effective visits were paid to children under the age of five years. The purpose of these visits was to give help and advice to the parents and to educate them to maintain as high a standard of mental and physical health as possible in their circumstances. It is during these visits that deviations from the normal development can be detected, for which it may be necessary to seek specialist advice.

638 children required this advice which is available through the School Health Service. The following is a summary of the advice sought:—

Mental and Physical Assessment	30
Hearing Assessment	61
Speech defects	26
Education Tests	28
Eye defects	272
Orthopaedic defects	221
	<hr/>
	638
	<hr/>

Routine testing for phenylketonuria continued, and although this is not primarily the health visitor's responsibility, she must ensure that all babies are tested. Altogether 9,481 blood and urine tests were made—no cases were discovered.

During the year, 46,356 children under the age of five years and their families were being visited by the health visitors.

Convalescence—Section 22

22 mothers and 22 children went away for varying periods of convalescence. There is still extreme difficulty in obtaining adequate suitable accommodation and for this reason the number of people offered convalescence is low.

Battered Babies

During the course of the year it became evident that more attention needed to be given to children who were at risk of being maltreated, and a register was started of these children. At the end of the year 29 children, who had been referred in the main from Children's Hospitals, were on the register. Case conferences have been held with social workers and other staff engaged in work with these families.

Special Work

During the year 31,347 visits were paid by the health visitors to 14,032 cases of a special nature, including 3,735 elderly persons. 325 of the elderly persons were referred from the consultant geriatricians as possibly needing admission to hospital. Some of them, however, did not require immediate admission, and relatives were persuaded that with ancillary services and aids it was possible for the old people to remain at home a little longer, so leaving hospital beds for more urgent cases.

Many families look after their elderly relatives themselves, sometimes at the expense of their own health, and there come a time when relief is needed. In some of these cases it has been possible to send the elderly persons away for a period so as to give the relatives a break, or an opportunity to take a holiday themselves. Altogether 209 elderly people went away, mainly to the House of Providence, Mossley Hill, and to the Hilldene Clinic, Rhos-on-Sea. We are grateful to the matrons and staffs of these two establishments who looked after our senior citizens so well, and sent them back rested and refreshed.

Diabetic Follow-up

1,158 persons suffering from diabetes were visited during the year, 524 of these by the health visitor who works solely in the field, the remainder by health visitors in the course of their general duties. Close contact has been kept with three hospitals by the specialist health visitor and she has made the initial visit to all patients referred by the consultants. She has under her care patients of all ages, and has helped in the rehabilitation of many adults. In the case of children she has been able to reassure their parents and helped them to understand their instructions regarding treatment and diet.

Neurological Case Follow-up

Another health visitor has worked part-time since April of this year, with the Neurological Unit at Walton Hospital, and up to date has dealt with 100 cases referred to her by the consultants. These are persons suffering from epilepsy or who have had neuro-surgery, and who require support and assistance. There is a need for more time to be given to this aspect of the work and it is hoped in the near future that it will be possible for the health visitor concerned to work solely in this field.

General Practitioner Liaison

At the end of the year, 22 practices had health visitors attached to them on a “liaison” basis, i.e. regular visits by arrangement with the doctor, at which referrals are made and cases discussed. Two practices had full attachment. In addition to this regular contact, the health visitors do not hesitate to seek advice and have discussions with most other doctors in the city.

Hospital Liaison

This is now an integral part of the health visitor’s work, and at the end of the year nine hospitals in the city were being visited regularly by 15 of the staff. An increasing number of requests are being made for health visitors to meet patients, particularly the elderly, before they are discharged from hospital, in order to assess and make their return home comfortable.

Families with Problems

Much of the work with these families would not be possible if the health visitors did not have a good working relationship with other workers in the social field, and again this year an increased number of requests were made for help in dealing with problems. The following is a summary of the agencies contacted:—

Social Services	3,167
District Nurses and Chiropodists	1,974
General Practitioners	1,316
Medical Social Workers	849
Health Inspectors	683
Occupational Therapists	574
Department of Health and Social Security	558
Education Welfare	303
Moral Welfare	129
Probation Officer	125
N.S.P.C.C.	73
	<hr/>
	9,751
	<hr/>

Teaching

More hospital staffs are attending Management and Community Health Courses at the Mabel Fletcher Training College and the William Rathbone Staff College, and included in their syllabus is a visit to a Family Health Clinic and a talk by a senior member of staff. These have proved to be of great benefit to the hospital nursing staff, as the information regarding the services available outside hospital helped them to realise that co-operation between both sides of the health service can provide better care for the patient.

Thirty-five groups of student nurses visited Family Health Clinics, where they observed the activities taking place, and were given a talk and shown a film on the training and work of health visitors. These have been of great assistance in recruitment, because most of our students now seem to have had their interest aroused by the talks and the film.

In addition to student nurses many other types of students, such as D.P.H. doctors, medical students, social science students, teachers, and final year schoolgirls, also visited the Centres.

V.D. Welfare

The nurse undertaking this contact and follow-up work with women and children suffering from venereal disease, has continued to work enthusiastically throughout the year. This work because of its nature demands time, patience and tact. The following is a summary of her work:—

Number of cases written to	393
Number of letters despatched	1,039
Cases reporting in response to letters	221
Letters returned via Dead Letter Office	34
Cases visited	212
Number of visits made	849
Cases attended after visits	134
Cases promising to attend but failed to do so	17
Cases removed or not known	39
Cases not contacted, away from home etc.	13
Cases refusing to attend	6
Number of V.15's	3

Family Health Clinics

The number of clinics in operation at the end of the year was 27, i.e. 1 health centre, 12 purpose-built, 7 adapted premises and 7 church halls used on a sessional basis.

The clinic at 17 Upper Parliament Street, as previously stated, closed on the 15th March and in April we moved from the Church Hall in Gwent Street across Princes Avenue to the Methodist Church Hall in Beaconsfield Street.

The usual clinic programme continued for most of the year, but in the autumn it was found necessary to discontinue the few remaining ante-natal clinics except the one conducted by the hospital consultant at Speke Clinic.

An addition to the activities took place in August when Child Development Assessment clinics were started at the following clinics—Queens Drive, Belle Vale, Hartington Road and Sheil Park.

The following is a summary of the clinic activities during the year:—

Number of Centres at which Ante-natal clinics were held (3 discontinued during the year)	1
Number of sessions held per week	1
Number of women who attended during the year. Doctors sessions	117
Number of women who attended the Midwives sessions (Now discontinued)	47
Number of attendances at Doctors sessions	686
Number of attendances at Midwives sessions	415
Number of centres conducting mothercraft classes	15
Number of women attending mothercraft classes	651
Number of attendances at mothercraft classes	2,606
Number of centres at which Child Health sessions were held	27
Number of sessions held per week	57
Number of new cases under 1 year	6,837
Number of new cases under 1–5 years	754
Number of children who attended under 1 year	6,712
Number of children who attended 1–2 years	5,231
Number of children who attended 2–5 years	4,355
Total number of children who attended	16,298
Attendances by children under 1 year	48,643
Attendances by children 1–2 years	8,991
Attendances by children 2–5 years	8,756
Total number of attendances during the year	66,390
Number of centres at which Cytology sessions were held	19
Number of sessions held per week	19
Number of smears taken	4,089
Number of centres at which Family Planning Clinics were held (including Hospitals)	20
Number of sessions held per week	29
Total number of women who attended first time for advice	5,949
Total number of attendances made	25,875

CERVICAL CYTOLOGY – 1972

The total number of cervical smears taken in 1972 was less than 1971. This was because several women did not keep their appointments.

	1971	1972
Total number of smeans taken	8,741	*8,369
Total number of smears at Cytology Clinics	5,901	3,964
Total number at Family Planning Clinics	2,343	4,405
Total number at Factories	498	941
Total number of appointments made for patients	10,031	9,122
Total number of patients who kept the appointments	5,901	3,964

Of the Cervical Smears taken in 1972

- 39 were technically unsatisfactory and were repeated
- 55 showed dysplasia requiring hospitalisation ? carcinoma in situ
- 8 showed carcinoma in situ
- 4 showed frank carcinoma of cervix

Abnormalities detected at clinics

- 2,422 showed erosion of the cervix
- 14 had fibroids of the uterus
- 763 had vaginal discharges
- 109 had vaginitis (mainly senile vaginitis)
- 3 had prolapse needing treatment
- 53 had low Hb reading
- 8 had breast neoplasms
- 176 had menstrual disorders
- 372 showed cervicitis and other conditions
- 155 showed cervical polypi

*This includes 397 smears from certain hospitals which do not send their reports to the Personal Health Department.

AGE GROUPS OF PERSONS ATTENDING CYTOLOGY CLINICS

Month	Under 20	20-25	25-30	31-35	36-40	41-45	46-50	51-55	55-60	Over 60	Age Un- known	Total
Jan	34	125	88	96	98	110	62	58	19	12	30	732
Feb	16	117	105	80	81	115	91	70	18	9	18	720
March	54	182	108	97	106	98	77	63	18	15	11	829
April	28	130	76	92	62	58	59	38	14	6	23	586
May	31	177	142	172	182	160	140	101	36	13	27	1,181
June	31	135	88	84	82	74	61	35	22	10	41	663
July	34	114	89	67	62	48	27	27	20	8	23	519
Aug	35	155	90	63	31	40	35	20	15	8	32	524
Sept	31	119	89	82	84	61	44	29	9	6	16	570
Oct	45	141	112	78	63	66	41	25	8	7	32	618
Nov	45	138	97	101	78	78	43	34	20	15	12	661
Dec	32	82	74	47	45	31	29	12	6	4	7	369
Total	416	1,615	1,158	1,059	974	939	709	512	205	113	272	7,972

SOCIAL CLASSES OF PERSONS ATTENDING CYTOLOGY CLINICS

Month	I	II	III	IV	V	Unemployed and Ungraded	Total
Jan	13	28	217	70	59	345	732
Feb	16	50	298	102	96	158	720
March	26	60	417	107	54	165	829
April	12	20	225	73	43	213	586
May	15	71	517	254	89	235	1,181
June	21	35	294	126	58	129	663
July	11	38	246	73	33	118	519
Aug	7	36	229	81	44	127	524
Sept	9	46	240	92	50	133	570
Oct	6	51	274	101	48	138	618
Nov	13	43	262	103	45	195	661
Dec	13	25	150	47	28	106	369
Total	162	503	3,369	1,229	647	2,062	7,972

WELFARE FOODS SERVICE

The functions of the Welfare Foods Service are to provide facilities for the distribution to the general public of National Dried Milk and vitamins. For this purpose a number of distribution points are maintained throughout the City, based mainly in Child Welfare Clinics, Health Centres and Church Halls, as follows:—

- 8 Full-time Centres
- 21 Part-time Centres
- 6 Voluntary Centres

We would express our appreciation to the chemists who over many years have distributed Welfare Foods to the public on a voluntary basis.

The distribution figures for 1972:—

National Dried Milk	21,332 packets
Vitamin Tablets A & D	2,640 packets
Vitamin Tablets C	1,500 packets
Vitamin Tablets A, D & C	8,073 packets
Vitamin Drops	15,424 bottles
Orange Juice	31,455 bottles

The A, D & C Vitamin Drops for children and A, D & C Vitamin Tablets for the expectant and nursing mother, have now completely replaced the separate issue of Cod Liver Oil, Orange Juice and A & D Vitamin Tablets.

During 1972 at the request of the Old People’s Council and Age Concern, 2 pilot schemes were started in different parts of the City, whereby we provide the facilities of Welfare Foods for the “House Bound” and the aged: so many of the items stocked in Welfare Foods are of value to the aged, as well as the very young. Not only is contact made socially with these people by the voluntary helpers, but they are helping to point out which foods are available for extra nourishment at reasonable cost. There has been very close liaison with the voluntary workers which has enabled us to provide a service where needed, and also achieved a happy working relationship.

This year four chemists have ceased to issue Welfare Foods and the sessions have been revised at two clinics. At all times the service is under constant review. The staff consists of:—

- 1 Supervisor
- 1 Assistant
- 12 Full-time Welfare Food Distributors
- 12 Part-time Welfare Food Distributors

During the year staff have been reduced by one part-time Welfare Food Distributor.

FAMILY PLANNING SERVICES

I. Clinics

In 1972 the attendance at the clinics increased so that four more sessions per week had to be provided.

	1971	1972
Total Number of Clinic Sessions per week	26	30
Total Number of Attendances	19,641	25,878
Total Number of New Patients	5,120	5,949
Total Number of Return Attendances	14,481	19,929
Total Number of Patients on register	6,138	10,012

Of the 5,949 new patients:—

- 836 were given advice only
- 705 were provided with condoms
- 3,018 were provided with oral contraceptives
- 436 were provided with diaphragms
- 809 were provided with intra-uterine contraceptive devices
- 145 were provided with spermicides

Of the 19,929 return attendances:—

- 472 were given advice only
- 12,685 were provided with oral contraceptives
- 2,983 returned for follow up after insertion of intra-uterine contraceptive devices.
- 2,026 were provided with diaphragms
- 1,310 were provided with condoms
- 205 were provided with spermicides
- 248 were provided with intra-uterine devices

Of the total number of attendances in 1972:—

- 1,122 were needy cases
- 282 had medical reasons
- 1,144 were single women
- 13 were men seeking advice on vasectomy

	1971	1972
Total number of Cervical Smears taken at Family Planning Clinics	2,343	4,405

II. Domiciliary Family Planning Services

In 1972 four part-time medical officers provided the domiciliary services; in 1971 there were only two part-time medical officers. The four medical officers gave ten sessions per week—the equivalent of one full-time medical officer.

	1971	1972
Total number of visits	710	1,943
Total number of new patients visited	397	652
Total number of return visits	313	1,118
Total number of "No access" visits	293	173

Of the 652 new patients:—

- 259 were provided with condoms
- 154 were provided with oral contraceptives
- 185 were given advice
- 17 were provided with intra-uterine contraceptive devices
- 37 were provided with spermicides

Of the 1,118 return visits to patients:—

- 352 were provided with condoms
- 552 were provided with oral contraceptives
- 102 were given advice
- 6 were provided with diaphragms
- 90 were followed up after insertion of intra-uterine contraceptive devices
- 26 were provided with spermicides

III. Family Advisory Clinics

This service was also extended. In 1971 there was only one session every fortnight at the Domestic Mission, Liverpool 8. In 1972 another clinic session was started at Sheil Park Clinic once a fortnight.

	1971	1972
Total number of attendances	200	243
Total number of new patients	45	77
Total number of return visits	155	166

Of the 77 new patients:—

- 3 were single women
- 55 were married women
- 19 were men

IV. Training of Nursing Staff in methods of Family Planning

In 1972 it was decided that all full-time nursing staff should be offered training in methods of family planning, with a certificate awarded after the trainees had attended a two-day lecture course and eight practical sessions. Each trainee would be assessed by the Medical Officer and Instructing Nurse at the clinics. Fifty nurses, including health visitors, district midwives and district nurses attended the two-day lecture course. By December 1972, ten nurses had satisfactorily completed their practical training at twenty of the thirty clinic sessions which are now recognised as training sessions.

As there were only five Instructing Nurses on the Family Planning staff, another course was arranged for 11 nurses to be trained as Instructing Nurses. These eleven nurses were chosen for their ability to teach and their ability to run clinics smoothly. Their training included a day course of lectures and discussions, and an assessment at a clinic session.

Now there are 16 Instructing Nurses.

By August 1973, all of the 50 trainees will have completed their practical training.

CHIROPODY SERVICE

On 31st December 1972, the following staff were employed in this service:—

- 1 Chief Chiropodist
- 2 Full-time Senior Chiropodists
- 21 Sessional Chiropodists

Between April and November 1972, however, fewer staff were available and this resulted in a considerable reduction in the number of sessions provided. With increased sessions from the part-time staff and a new full-time member of staff appointed in December, the Chiropody Department should be able to give a better service during 1973. As the City Council have agreed to sponsor chiropody students and to the introduction of Chairside Attendants a period of stability and growth is expected.

The Service received more applications for treatment than ever before, but the number of patients treated rose by only one. The population still tends to move out of Liverpool and we have recorded more deaths among the elderly patients than heretofore. There is a significant increase of more than 50% in the number of handicapped patients treated and about 15% more women between the ages of 60 and 65 were treated with a corresponding loss in the number of all patients over the age of 65.

	1971	1972
Total number of sessions	4,657	3,892
Total number of sessions in clinics	4,350	3,679
Total number of sessions in hostels	307	213
Total number of patients	13,056	13,057
Total number of patients at clinics	10,508	10,584
Total number of patients in hostels	1,043	1,168
Total number of domiciliary patients	1,505	1,305
Total number of treatments given	34,273	31,492
Total number of treatments given at clinics	29,112	26,512
Total number of treatments given at home	2,707	1,793
Total number of treatments given at hostels	2,454	3,187

DISTRICT NURSING SERVICE

There can be no doubt of the increasing importance of the Community Nursing Services in the care of the sick person. During 1972, 16,108 patients received nursing attention by district nursing personnel in their own homes. This figure represents an increase of 1,670 patients from the previous year, and is in fact the highest number of patients on record.

Night Service

The staff has now been increased by 3 full-time Nursing Auxiliaries bringing the total to 3 Sisters (1 full-time and 2 part-time), and 9 full-time Nursing Auxiliaries.

The Service is attempting to meet an obviously growing need for night nursing attention: Twenty-four hour cover is an essential part of community care, but development is hampered by financial constraint. Liverpool was one of the first cities to realise the need and to introduce this type of care, and the night service has caused considerable interest in other authorities from whence many enquiries have been received.

During the year 101 patients have received attention throughout the night, whilst 40 others have received nursing care at some time between the hours of 10.00 p.m. and 7.00 a.m. The service has been greatly appreciated by those who have benefited from it, and many letters have been received to this effect.

Renal Dialysis

This year another nurse was seconded for three months specialised training to the Regional Urological Unit at Mossley Hill Hospital. An increasing number of patients on home Renal Dialysis have been given reassurance and support, both on discharge from hospital and in times of domestic crisis.

General Practitioner Attachment

A total of 26 District Nurses are now attached to General Practitioner Groups throughout the city. There is no question that G.P. attachment is of benefit to the general public and gives greater job satisfaction to the nurse. Statistics prove an increase in the volume of work when such schemes are in operation.

The District Nursing Sisters in general face the constant challenge of a changing role, and meet the increasing demands of modern society with the equanimity one has come to expect, and in general practice attachment in particular, the ability to extend her traditional role is of the utmost importance.

District Nurse Liaison Scheme

As the National Health Service developed, it became increasingly evident that a weakness existed in communication between the hospital and the community health services. As a result of this weakness, the efficiency of the service to the public was often reduced, thereby affecting both the through-put of the hospital and the proper care of the discharged patient. In the light of this evidence, an attempt was made in Liverpool to mitigate the results of unsatisfactory communication and in 1969, three District Nurse Liaison Officers were attached to hospital groups in the city, namely, the United Liverpool Hospitals, the North Liverpool and the South Liverpool Groups. Orientation programmes were arranged and the objective defined.

Objective

The objective of the scheme is to seek to improve communications between hospital and community services, in order to provide continuity of patient care. To achieve this, the following tasks are undertaken:—

- (a) Liaison with the ward sisters in circumstances where home nursing care is required, particularly in those instances where the patient is discharged prematurely or takes his own discharge.
- (b) Visiting the patient and the ward before discharge, when possible, and always in the case of terminal illness. The discussion of treatment of patients with medical and nursing personnel; arranging loans of equipment; requesting welfare services in co-operation with the medical social worker's department and the Social Services Department of the Local Authority.
- (c) Advising and arranging nursing care for those patients who require treatment between visits to the out-patient department and for patients discharged from the ward to the care of their general practitioners.
- (d) Reporting on the suitability of home conditions, where an early discharge of the patient might be thought desirable.
- (e) Making it a responsibility to meet as many personnel as possible in the hospital service at all levels; promoting understanding and good relationships between the community and hospital services.

Benefits of the Scheme

It is generally agreed by all involved in the scheme, that there has been a considerable improvement in the communication link between the services, and the gap between hospital and home is now negotiable, if not entirely bridged. A better understanding by hospital personnel of the skills and services available in the community has led to an increased confidence which, in turn, has resulted in the earlier discharge of the patients. The community nurse has better access to information about the patient's condition, treatment and discharge.

Some of the advantages which directly affect the patient are:—

- 1. Contact with a representative of the Community Nursing Service prior to discharge gives the patient reassurance about his return home and his treatment thereafter.
- 2. Delays in the district nursing sister visiting the patient are avoided. Upon discharge, any necessary nursing equipment is awaiting the patient at his home.

Disadvantages

There appears to be no real disadvantage to the scheme and all adverse comment, when investigated, leads directly to a breakdown in communication. The most important weakness is failure to provide holiday and weekend relief for liaison officers, and failure to cover several hospitals in the city on a full-time basis. This is due to the lack of manpower resources and financial constraint. It is hoped that reorganisation of the Community Nursing Services will lead to a solution.

Statistics

Statistics for 1971 are compared with the figures for 1972 in the following histograms. It is interesting to note, in particular, the overall rise in surgical patients discharged home. This is almost certainly due to the discussions held between surgeons, Ward Sisters and District Nurse Liaison Officers.

Staff

Recruitment failed slightly to keep pace with resignations during the latter part of the year. The staff position at the 31st December, was as follows:—

- 1 Senior Nursing Officer
- 3 Area Superintendents
- 6 Assistant Area Superintendents
- 72 Qualified District Nurses
- 11 State Registered Nurses
- 29 State Enrolled Nurses
 - 6 part-time nurses (4 qualified, 2 S.R.N.'s)
- 12 full-time nursing auxiliaries
- 21 part-time nursing auxiliaries
- 11 of the qualified nurses were involved in specialist services: —
 - 3 liaison officers
 - 3 Myelomeningocele team
 - 3 night service
 - 2 renal dialysis team

Visits

418,087 visits were made this year to 16,108 patients. This shows an increase in patients of 1,670.

Again there was a corresponding increase in the number of patients aged 65 years and over at the time of first visit.

Comparable tables of work in the District Nursing Service

	1971	1972
Patients	14,438	16,108
Visits	407,270	418,087
Patients 65 years and over at time of first visit	7,305	8,429
Late night visits	7,810	7,319
Injections as a percentage of total visits	26.6	23.6

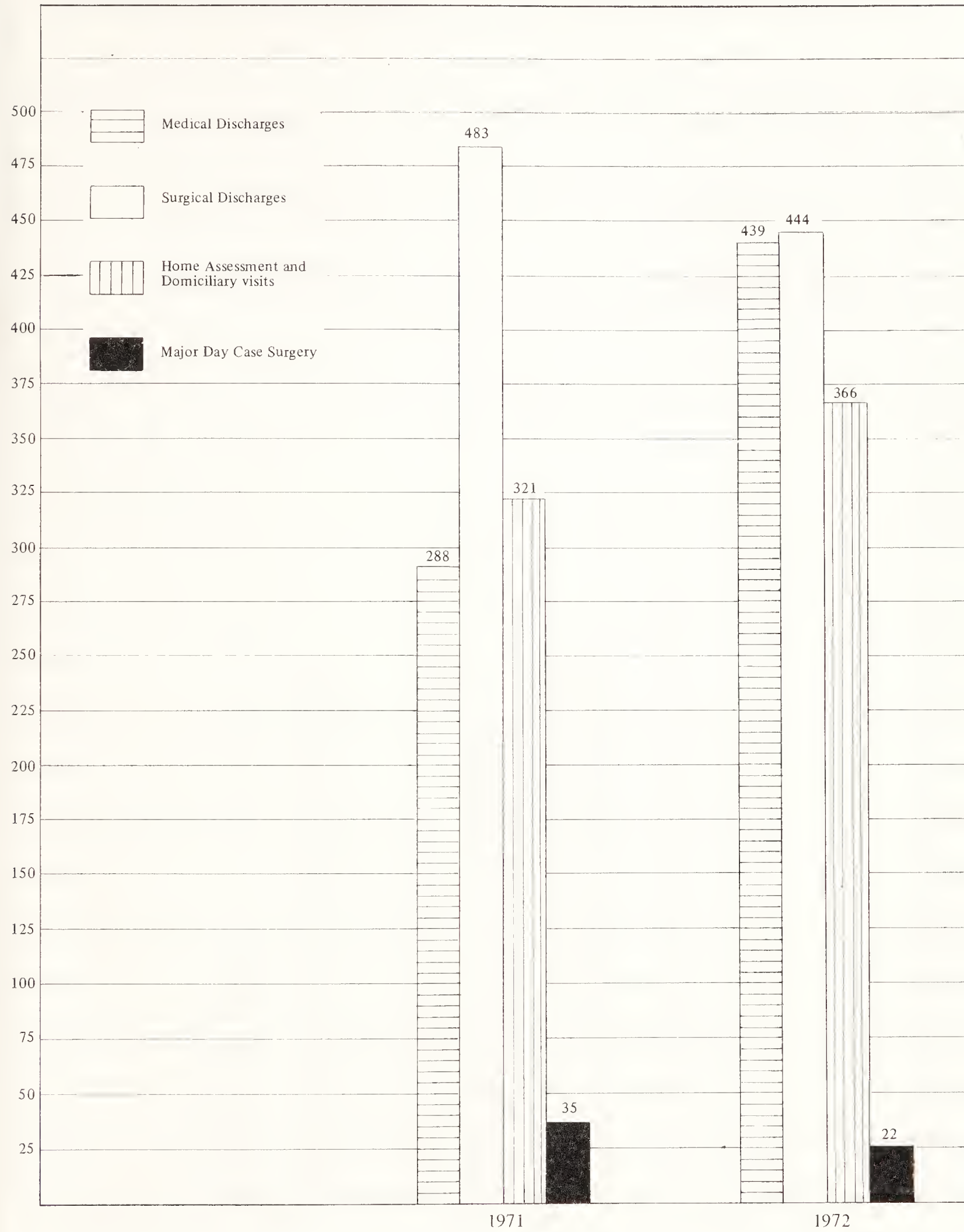
Night Service

Throughout the year, 3,613 visits were made to the 141 patients who received service.

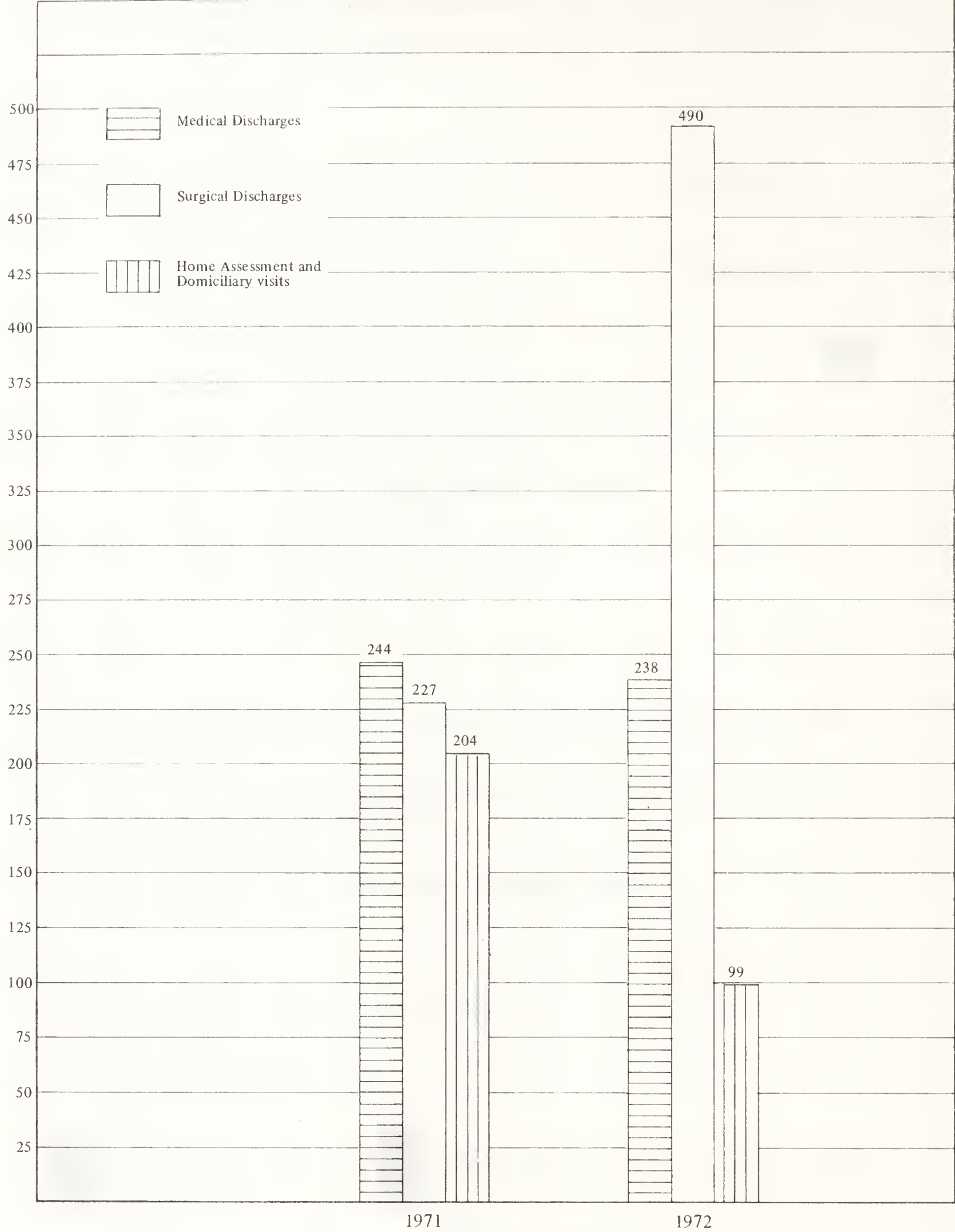
Training for the National Certificate of District Nursing

21 state registered nurses took the training leading to the National Certificate of District Nursing, 18 of these were staff students, 2 from Bootle and 1 from Caernarvonshire. In addition to this, 18 students from outside authorities attended Liverpool for theoretical training.

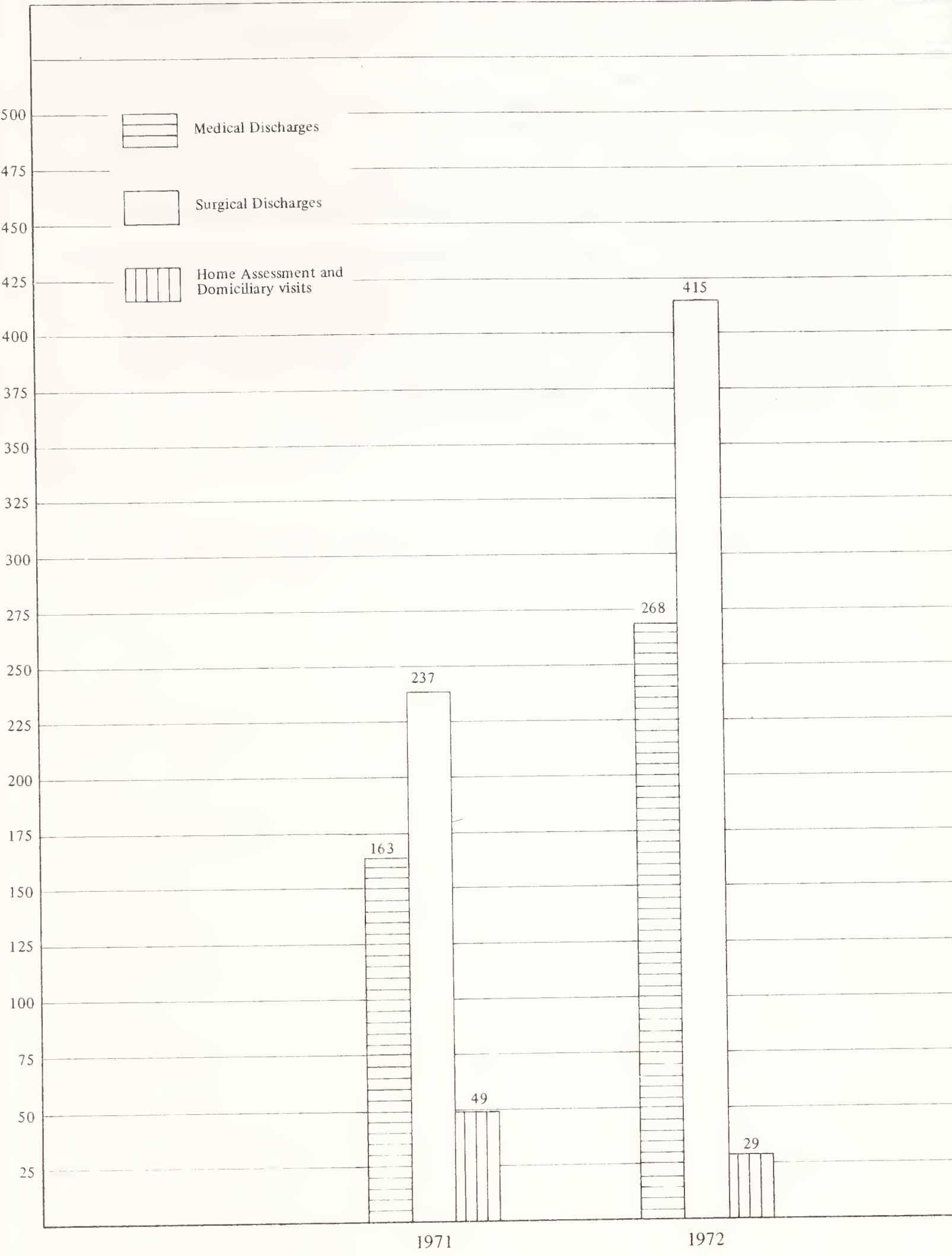
WALTON GENERAL HOSPITAL
PATIENTS REFERRED TO THE LIVERPOOL DISTRICT NURSING SERVICE VIA DISTRICT NURSING LIAISON OFFICER
HOME ASSESSMENT AND DOMICILIARY VISITS



SEFTON GENERAL HOSPITAL and MOSSLEY HILL HOSPITAL
PATIENTS REFERRED TO THE LIVERPOOL DISTRICT NURSING SERVICE VIA DISTRICT NURSING LIAISON OFFICER
HOME ASSESSMENT AND DOMICILIARY VISITS



UNITED LIVERPOOL HOSPITALS
PATIENTS REFERRED TO THE LIVERPOOL DISTRICT NURSING SERVICE VIA DISTRICT NURSING LIAISON OFFICER
HOME ASSESSMENT AND DOMICILIARY VISITS



An important achievement was a request by Camera Talks' of London and the Queen's Institute of District Nursing to make a series of coloured slides in the city for national training purposes. This was done and there have been many favourable comments from the nursing profession and others.

Visits to the Service

Throughout the year programmes were arranged for 260 student nurses to make observation visits with the district nurses and 13 follow-on talks were given by senior district nursing personnel. In addition to this, arrangements were made for 35 senior hospital nursing staff, including nursing officers, ward sisters and tutors to spend the day in the company of the district nurse, thus affording an ideal opportunity for hospital personnel to obtain some insight into the role of the community nurse. Requests were also received from the Royal College of Nursing and the Queen's Institute, to arrange specialised programmes for senior nursing officers from overseas to study local authority services and nursing management.

Immunisation and Vaccination

DIPHTHERIA IMMUNISATION

The number of persons under the age of sixteen years receiving a primary course of diphtheria immunisation in 1972 was 8,140, slightly less than the 1971 figure of 8,415.

During 1972, 1,103 primary courses, a reduction of 213 from 1971 and 4,788 booster doses, 538 more than in 1971 were given in schools.

The number of primary courses carried out at the Maternity and Child Health Clinic was 4,933, an increase on the 1971 figure of 452; in addition 2,104 were performed by the general practitioners, a reduction in the figure for 1971 of 383. The number of booster doses given at the Maternity and Child Health Clinics was 858, a slight increase on 1971 figure, whilst the number given by general practitioners decreased from 1,291 in 1971 to 1,051 in 1972. These figures, together with 4,788 booster doses given in schools give an overall total of 6,697 booster doses, an increase of 315 on 1971 figure.

The above comments refer to persons under the age of sixteen years. Table B also includes separate figures for age sixteen and over.

Table A

PRIMARY DIPHThERIA IMMUNISATIONS, 1962-1972

Where immunised	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Maternity and Child Health Clinics	5,016	5,263	5,710	6,023	5,843	4,799	2,155	4,098	3,836	4,481	4,933
Schools	1,464	1,362	2,732	1,401	1,818	1,698	1,678	1,253	1,429	1,316	1,103
General Practitioners	3,523	3,399	3,397	3,405	3,189	3,458	3,346	2,623	2,586	2,618	2,104
Total	10,003	10,024	11,839	10,829	10,850	9,955	7,179	7,974	7,851	8,415	8,140

Table B
DIPHTHERIA IMMUNISATION – 1972

		Year of Birth					
		1968-72 (0-4 years)	1964-67 (5-8 years)	1957-63 (9-15 years)	Total (0-15 years)	1956 and before (16 and over)	Total all ages
Primary Course	Maternity and Child Health Clinics	4,768	160	5	4,933	—	4,933
	General Practitioners	1,986	78	30	2,094	10	2,104
	Schools	69	1,008	26	1,103	—	1,103
	Total	6,823	1,246	61	8,130	10	8,140
Booster Doses	Maternity and Child Health Clinics	245	612	—	857	1	858
	General Practitioners	230	730	72	1,032	19	1,051
	Schools	548	4,190	49	4,787	1	4,788
	Total	1,023	5,532	121	6,676	21	6,697

WHOOPING COUGH IMMUNISATION

The number of primary courses of whooping cough immunisation in 1972 was 6,807 compared with 6,912 in 1971. The number of primary courses given at Maternity and Child Health Clinics was 4,761, an increase of 349 on last year's total, whilst the number given by general practitioners was 2,046 a decrease of 454. Booster doses numbered 937 a little lower than the figure of 1,188 achieved in 1971.

Table C
WHOOPING COUGH IMMUNISATION – 1972

Where Immunised		Year of Birth			
		1968-72	1964-67	1957-63	Total
		(0–4 years)	(5–8 years)	(9–15 years)	(0–15 years)
Primary Course	Maternity and Child Health Clinics	4,680	80	1	4,761
	General Practitioners	1,967	61	18	2,046
	Total	6,647	141	19	6,807
Booster Doses	Maternity and Child Health Clinics	84	209	–	293
	General Practitioners	157	464	23	644
	Total	241	673	23	937

TETANUS IMMUNISATION

The number of tetanus immunisations undertaken dropped slightly during 1972. A total of 8,344 primary courses were completed as compared with 8,736 in the previous year. In addition 6,881 booster doses were carried out compared with 6,538 the previous year, of these 4,783 were administered in schools.

Table D
TETANUS IMMUNISATION – 1972

Where Immunised		Year of Birth					
		1968-72 (0–4 years)	1964-67 (5–8 years)	1957-63 (9–15 years)	Total (0–15 years)	1956 and before (16 years and over)	Total all ages
Primary Course	Maternity and Child Health Clinics	4,769	163	5	4,937	–	4,937
	General Practitioners	1,996	96	60	2,152	160	2,312
	Schools	68	1,004	23	1,095	–	1,095
	Total	6,833	1,263	88	8,184	160	8,344
Booster Doses	Maternity and Child Health Clinics	246	616	–	862	2	864
	General Practitioners	248	745	141	1,134	100	1,234
	Schools	548	4,185	49	4,782	1	4,783
	Total	1,042	5,546	190	6,778	103	6,881

Table E
PRIMARY COURSES OF ANTIGEN

Diphtheria/Tetanus and Whooping Cough	6,813
Diphtheria and Tetanus	1,319
Diphtheria	9
Tetanus	212

SMALLPOX VACCINATION

A total of 7,020 smallpox vaccinations were carried out in 1972, of these 81 primary vaccinations were carried out in Maternity and Child Health Clinics and 5,637 at the clinic for the purposes of people travelling abroad.

POLIOMYELITIS IMMUNISATION

The number of primary courses of poliomyelitis dropped slightly from 8,353 in 1971 to 8,339 in 1972. Booster doses increased from 6,694 in 1971 to 6,828 in 1972.

The trend here is similar to diphtheria and whooping cough, the number of courses given by general practitioners dropped, and the number given at Maternity and Child Health Clinics increased on previous year totals.

Table G

POLIOMYELITIS IMMUNISATION – 1972

Completed Primary Courses

Where Immunised	Year of Birth						Others under 16	Total under 16	16 and over	Total all ages
	1972	1971	1970	1969	1968	1964-67				
Maternity and Child Health Clinics	109	3,303	989	323	230	180	1	5,135	7	5,142
General Practitioners	211	1,357	329	75	53	68	12	2,105	113	2,218
Schools	–	1	1	5	47	891	34	979	–	979
Total	320	4,661	1,319	403	330	1,139	47	8,219	120	8,339

Reinforcing Doses

Maternity and Child Health Clinics	–	2	13	23	187	590	2	817	20	837
General Practitioners	1	45	59	30	119	709	68	1,031	69	1,100
Schools	–	–	1	14	533	4,280	62	4,890	1	4,891
Total	1	47	73	67	839	5,579	132	6,738	90	6,828

Table F

SMALLPOX VACCINATION – 1972

Age at date of Vaccination	Primary Vaccination		Re-vaccination		Total	Vaccination at Clinic for International Travel	Total
	Maternity and Child Clinics	General Practitioners	Maternity and Child Clinics	General Practitioners			
0–3 months	1	–	–	–	1		
4–6 months	3	2	–	–	5		
7–9 months	3	–	–	–	3		
10–12 months	2	–	–	–	2		
1 year	8	12	–	–	20		
2–4 years	50	40	–	16	106		
5–15 years	11	89	–	71	171		
Total under 16	78	143	–	87	308		
Other	3	108	90	(A) 874	964		1,075
Total	81	251	90	(A) 961	1,051	(B) 5,637	7,020

(A) The re-vaccination figures from general practitioners include vaccinations for persons travelling abroad.

(B) The vaccination figures from the Vaccination Clinic for international travel include persons of all ages, some of whom are not resident in Liverpool.
The majority are adults.

MEASLES IMMUNISATION

During 1972, there was an increase in the number of measles vaccinations carried out, 3,393 compared with 3,184 in 1971.

Table H

MEASLES IMMUNISATION – 1972

Where Immunised	Year of Birth						Others under 16	Total
	1972	1971	1970	1969	1968	1964-67		
Maternity and Child Health Clinics	3	900	687	199	139	72	–	2,000
General Practitioners	3	451	375	118	111	60	4	1,122
Schools	–	2	1	3	23	240	2	271
Total	6	1,353	1,063	320	273	372	6	3,393

RUBELLA IMMUNISATION

A total of 5,602 girls between their 11th and 14th birthdays received rubella immunisation in 1972, an increase of 125 on the previous year's total.

The purpose of this vaccination is to protect these girls against rubella before they reach child-bearing age without attempting to reduce the incidence of natural rubella infection in younger children.

Table J

RUBELLA IMMUNISATION – 1972

Where Immunised	Year of Birth					1956 and earlier	Total
	1961	1960	1959	1958	1957		
General Practitioners	26	17	16	16	2	5	82
Schools	20	1,955	2,375	1,024	131	15	5,520
Total	46	1,972	2,391	1,040	133	20	5,602

VACCINATIONS FOR INTERNATIONAL TRAVEL – 1972

A total of 16,392 doses of vaccine for international travel were given at the clinic held for this purpose. This compares with 17,758 in 1971.

Table K

INOCULATIONS AND VACCINATIONS FOR INTERNATIONAL TRAVEL – 1972

Month	Yellow Fever Number of Persons	Smallpox Number of persons vaccinated	T.A.B. Number of doses	Cholera Number of doses	Total
January	271	345	95	403	1,114
February	289	377	72	318	1,056
March	276	439	78	359	1,152
April	259	645	92	403	1,399
May	305	673	111	411	1,500
June	287	674	139	426	1,526
July	283	583	194	604	1,664
August	302	541	197	564	1,604
September	290	379	127	533	1,329
October	350	378	139	615	1,482
November	321	371	111	637	1,440
December	231	232	109	554	1,126
Total	3,464	5,637	1,464	5,827	16,392

ANTHRAX IMMUNISATION

Anthrax immunisation is offered by the Health Department to persons at special risk of contracting the disease. These include people working in such establishments as tanneries, glue, gelatine and bonemeal factories and woollen mills, who are regularly handling such materials as wool, camel hair, hides and hoof and horn meal, particularly those imported from India, Pakistan, the Middle East, China, Africa, Asia, Central and South America.

Table L

ANTHRAX IMMUNISATION

Year	1st Injection	Booster
1968	27	22
1969	27	49
1970	22	68
1971	191	80
1972	8	34

Tuberculosis

Statistics

The number of new cases found during the year decreased to 154, consisting of 140 pulmonary and 14 non-pulmonary cases. These figures represent a reduction of 49 compared with 1971, and give an incidence rate of 0.24 per 1,000 for cases of pulmonary tuberculosis and 0.02 per 1,000 for cases of non-pulmonary tuberculosis. The figures for 1971 were 0.28 and 0.06 respectively. Of the new cases of pulmonary tuberculosis, it was found that approximately 54 per cent had positive sputum on diagnosis.

During the year 154 cases were removed from the register: of these 151 had suffered from pulmonary and 3 from non-pulmonary tuberculosis. These included those cases who had recovered during the year. The number of cases on the register at the beginning of the year was 1,805 comprising 1,615 suffering from pulmonary and 190 from non-pulmonary tuberculosis and excluding a total of 22 cases where diagnosis had not been completed. This gave a prevalence rate per 1,000 population of 2.74 pulmonary and 0.32 non-pulmonary tuberculosis with an overall tuberculosis prevalence rate of 3.06 per 1,000 population at mid-year.

The total number of cases remaining at the end of the year was 1,821, comprising 1,639 cases of pulmonary and 182 cases of non-pulmonary tuberculosis, excluding a total of 46 cases where diagnosis had not been completed. The number of new cases found as the result of illness was 135, which is 28 less than the previous year. The number of new cases found by examination of apparently healthy persons was 19 which represents a decrease of 20 compared with the figure for 1971.

Of the new cases of pulmonary tuberculosis 90 were male and 50 were female, 64 per cent of the total being male and 36 per cent female. Details of age and sex distribution are given in the statistical section.

The total of 25 deaths in 1972 from tuberculosis was made up of 21 from pulmonary tuberculosis and 4 from non-pulmonary tuberculosis. These figures represent death rates of 0.036 per 1,000 for pulmonary and 0.007 per 1,000 for non-pulmonary tuberculosis, making an overall rate of 0.042 per 1,000 for all forms of the illness.

Tuberculosis After-Care and Prevention

The number of tuberculosis visitors at the end of the year was eleven. The established policy of concentrating visits mainly on cases of greatest need and on regularly visiting cases where social and housing conditions were adversely affecting the disease was continued throughout the year. Visits were made for various other reasons, and a substantial number of these were for the purpose of interviewing and reporting on tuberculosis and non-tuberculosis patients who had applied for rehousing on medical grounds. A total of approximately 1,200 such visits were made throughout the year.

Finally it should be noted that increasing attention is being paid to other lung conditions such as bronchitis, bronchiectasis, emphysema, carcinoma of the lung and conditions following thoracic surgery. A total of approximately 13,450 visits for all reasons were made during the year.

B.C.G. Vaccination

During the year B.C.G. vaccination continued to be offered to the parents of new born babies in the maternity wards of the Sefton General, Fazakerley, Mill Road, Broadgreen and Liverpool Maternity Hospitals. The total number of babies vaccinated in the City was 249.

Rehousing on Medical Grounds

During 1972 a total of 167 applications for rehousing on medical grounds were received from tuberculosis patients or from Medical Officers acting on their behalf. All applications were closely examined and in each case further investigations were made and a written report submitted to the Medical Officer of Health by the Tuberculosis Visitor and Public Health Inspector concerned.

The following table gives details of applications received during 1972:—

	Special Priority	Transfers	Total
Number of applications received	67	100*	167
Number recommended	25	38†	63
Number rehoused	13	7	20
Number refused offers	—	—	—
Number still not rehoused	12	31	43

*Includes 13 Slum Clearance houses.

†Includes 8 Cases recommended under Slum Clearance.

TUBERCULOSIS CASES ON REGISTERS OF CHEST CLINICS – 1972

Number of persons examined for the first time										2,783	
Number found to be definitely tuberculous as detailed in 'A' below										175	
Number found to be free of disease										1,034	
Number found to be suffering from other conditions										1,574	
		Respiratory			Non-Respiratory			Total			
Diagnosis		Adults		Child-	Adults		Child-	Adults	Child-	Grand	
		M	F	ren	M	F	ren	M	F		ren
A	New Cases examined during the year	97	51	12	7	7	1	104	58	13	175
B	Contacts examined during the year										
	(a) Definitely tuberculous	—	2	6	—	—	—	—	2	6	8
	(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—
	(c) Non-tuberculous	230	390	359	—	1	—	230	391	359	1,427
C	Cases written off the Register as Recovered	86	62	3	1	2	—	87	64	3	154
D	Number of Cases on Register on 31st December 1972										
	(a) Definitely tuberculous	963	575	121	65	72	25	1,028	647	146	1,821
	(b) Diagnosis not completed	18	28	—	—	—	—	18	28	—	46
Number of attendances of patients at the Chest Clinics during the year 1972										9,301	
Number of visits paid by the Tuberculosis Medical Officer to the homes of patients during 1972										17	
Total number of cases vaccinated with B.C.G. during 1972											
	*Children									550	
	Others									351	
Number of patients under medical treatment at home on 31st December 1972										486	
Total number of visits paid to the homes of patients by Tuberculosis Visitors during 1972										10,757	
*Includes newly born babies in Maternity Wards in Sefton General Hospital, Fazakerley, Mill Road and Liverpool Maternity Hospitals.											

Venereal Disease

INCIDENCE OF SYPHILIS

During 1972 the incidence of syphilis dropped from 46 in 1971 to 30 in 1972, thus reaching the 1970 level. This represents a continuation of the trend of recent years, apart from 1971, of a steady annual decrease.

Statistics over recent years for comparison are as follows:—

Age in Years	1964		1965		1966		1967		1968		1969		1970		1971		1972	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15–17	2	1	2	—	1	—	4	4	1	1	—	2	—	1	3	—	—	1
18–20	18	5	12	3	9	5	12	12	8	5	8	6	2	2	9	1	5	—
21–25	36	6	42	14	20	6	18	14	16	7	16	2	5	3	8	2	10	2
26–30	20	3	23	2	15	3	20	3	14	8	8	1	5	2	6	3	3	1
31–35	9	—	14	1	10	4	12	6	5	1	8	4	4	—	6	2	4	1
36–40	3	1	7	—	7	3	11	4	4	1	3	—	—	—	1	2	1	—
41–45	5	1	5	1	5	3	16	4	5	2	1	—	2	—	1	1	—	1
46 and over	3	—	8	—	7	—	15	4	5	—	3	2	4	1	1	—	1	—
Total	96	17	113	21	74	24	108	51	58	25	47	17	22	9	35	11	24	6
Total M & F	113		134		98		159		83		64		31		46		30	

INCIDENCE OF GONORRHOEA

The total incidence of gonorrhoea continued to decrease during 1972, 1,787 cases occurred compared with 1,992 in 1971. The number of females affected increased on last year's total by 71, of these 10 were in the under 15 age group.

Statistics over recent years are as follows:—

Age in Years	1964		1965		1966		1967		1968		1969		1970		1971		1972	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 15	—	—	—	—	—	—	1	1	1	1	2	2	1	1	2	—	—	10
15–17	49	43	23	21	26	45	27	56	24	55	28	60	36	64	53	51	17	103
18–20	228	129	143	94	164	126	176	120	198	140	192	131	242	150	149	131	162	215
21–25	541	140	418	149	400	157	392	148	428	168	435	198	480	192	411	199	380	147
26–30	377	66	281	59	334	74	383	109	324	82	391	112	363	113	437	86	277	109
31–35	170	29	130	19	157	28	123	24	181	41	172	38	244	46	141	58	142	43
36–40	91	8	70	10	90	21	89	22	105	20	93	15	97	20	96	28	95	20
41–45	70	2	51	7	48	8	64	3	50	8	58	5	56	10	76	20	30	4
46 and over	43	5	35	6	59	3	48	5	43	4	48	7	61	5	44	8	28	5
Totals	1,569	422	1,151	365	1,278	463	1,303	488	1,354	520	1,419	567	1,589	602	1,407	585	1,103	651

CONTACT TRACING

The following table indicates results obtained:—

	Male	Female	Total
No. of reports alleged source of infection	4	86	90
No. of individual persons	4	74	78
No. of cases traced and interviewed	3	30	33
No. of cases traced but interview not effected	1	2	3
No. of cases reporting following interview	3	28	30
No. of reports passed on to other authority	—	4	4
No. of cases untraced (due to lack of information)	—	38	38
No. of visits made, Home, Lodging, club, etc.	8	112	120

RESULTS OF HOME VISITS

	Male	Female	Total
No. of cases visited	206	498	704
No. of visits made	252	1,307	1,559
No. of cases attending following visits	103	314	417
No. of cases promising to attend but failing to do so	36	47	83
No. of cases removed or not known at address given	51	69	120
No. of cases not contacted, no access, away from home etc.	16	57	73
No. of cases who refuse to attend	—	6	6
No. of cases removed and transferred for follow-up	—	5	5

RESPONSE TO LETTERS

	Male	Female	Total
No. of cases written to	555	1,514	2,069
No. of letters despatched	647	2,569	3,216
No. of cases reporting in response	264	736	1,000
No. of letters returned to Dead Letter Office	53	61	114
No. of cases traced and transferred	2	8	10

CASES REFERRED BY MATERNITY UNIT

Twenty-two cases were referred for further investigation and for treatment. Findings were as follows:—

Early Syphilis	—
Early latent Syphilis	1
Latent Syphilis	—
Congenital Syphilis	—
Gonorrhoea	11
Non-venereal	10
Total	22

INFANTILE INCIDENCE

There was one case of infantile congenital syphilis during the year. Five cases of ophthalmia neonatorum occurred.

Ambulance Service

Communications

One of the outstanding developments during 1972 was the decision to replace the existing radio communication equipment.

The G.P.O. Radio Services Department informed all ambulance authorities that the 12.5 KHZ channel spacing for short wave radio would operate from 1st January 1973. Subsequently, the Ambulance Service Advisory Committee on the advice of the Ambulance Service Advisory Sub-Committee (Organisations and Operations) recommended that the Department of Health should consult with the Ministry of Posts and Telecommunications on the production of a rationalised frequency plan to facilitate operational co-operation between adjoining services. Thirty frequency channels (including one reserved as a major accident channel) were made available for ambulance authorities and the Ministry of Posts and Telecommunications informed each ambulance authority of its frequency channel plan.

The purpose of this rationalised channel allocation is to facilitate co-operational communications between ambulances and controls e.g.

- (a) an ambulance moving into the territory of a neighbouring authority would be able to communicate with the ambulance control of that authority,
- (b) ambulances provided by several health authorities at the scene of a major accident (e.g. rail crash, aeroplane crash) could be controlled on the one channel.

For sets to be workable on several channels in the way envisaged it is necessary for the base station and mobile stations on these channels to be on the same modulation systems i.e. all sets on an interswitching group of authorities would have to be all F.M. or all A.M. Technical trials on A.M. and F.M. 12.5 equipment indicated that there is an advantage in the F.M. system and for this reason local authorities were advised that F.M. is the system of choice when their equipment is replaced. A decision was taken in June to replace the radio equipment to conform to the Ministry of Posts and Telecommunications requirements.

To achieve the best use of ambulances it is essential that the duty controller has precise knowledge of the state and location of all ambulances in service, and that such information be continually up-dated so that vehicles may be deployed efficiently.

Another aspect of the controller's work is the collation and planning of the calls for the following day's patients. Information regarding these reaches the control centre either direct from the hospital appointments section by telephone or from the Transport Officer who sends a list of patients requiring transport from the hospital to the control centre with the final ambulance run of the day.

All Ambulance Hospital Transport Officers are in communication with ambulance control via G.P.O. direct land line and by the radio network.

Installation of the system is to begin in March 1973 and when completed it will be one of the most modern and sophisticated systems in the country, and one which will be capable of expansion if this becomes necessary.

Case Load of Patients

The number of cases moved throughout the year amounted to 267,291, an increase of 2.53% on the previous year's figure. One explanation for the increase of 6,766 patients can be attributed to the opening of extra geriatric day centres. Ambulance vehicles travelled a total of 952,041 miles, 5,435 miles fewer than last year, using 64,232 gallons of petrol.

The reduction in mileage with an increase in the number of patients carried is an indication of the efficiency with which the Hospital Transport Officers and the Controllers undertake their work.

Premises

New ambulance stations were opened in St. Oswald Street, Old Swan and Middlemass Hey, Netherley.

The Old Swan ambulance station accommodates five ambulances for emergency and general service in this heavy populated area. Since the opening in March 1972 it has proved to be in great demand because of its central position. This station will be near the new M62 motorway due to open in 1974 and this may increase the demand made on the crews. The Netherley ambulance station is also a five bay ambulance station and replaced the temporary station at the Ambulance Training School in Quarry Street, Woolton. This station is also proving to be a very busy station because of its position and will also be within easy reach of the M62 motorway.

Cadet Training in Liverpool

My previous reports have mentioned Cadet Training School and it is pleasing to report that during 1972 cadets and ambulancemen who have been through the cadets school won all the major trophies in the Institute of Certified Ambulance Personnel examinations and the National Association of Ambulance Officers Ambulance Competition.

Department of Health and Social Security Recommendations

The Ambulance Service Advisory Committee recommended that new entrants into the service should be given one week's basic training in hospitals within 6–12 months after receiving their basic training. Thereafter, they should be given one week's experience in hospitals every three years.

Hospital experience of ambulancemen is essential if their standard of care is to be raised and with co-operation between hospitals and ambulance authorities this experience will improve the understanding between ambulance staff and hospital staff in their joint aim, the care of the patients.

STAFF

Chief Ambulance Officer	1	Training Officer	1
Deputy Chief Ambulance Officer	1	Assistant Training Officer	1
Clerks	2	Driving Instructor	1
Typist	1	Ambulance Cadets	20
Senior Controller	1	Foreman Mechanic	1
Control Officer	4	Chargehand Mechanic	1
Control Assistant	3	Mechanics	3
Hospital Transport Officers	8	Semi-skilled Mechanic	1
Station Officers	3	Storekeeper	1
Sub-Officers	4	Labourers	4
Shift Leaders	8	Cleaners	3
Ambulancemen	127		

EMERGENCY CALLS – 1972

	Accident/ Emergency Calls	False Calls with Good Intent	Malicious False Calls	Number of Cases
January	2,305	153	29	2,276
February	2,125	130	32	2,060
March	2,216	108	43	2,163
April	2,200	115	44	2,129
May	2,239	108	31	2,176
June	2,132	151	28	2,033
July	2,330	145	43	2,208
August	2,225	149	40	2,116
September	2,048	149	35	1,946
October	2,268	163	38	2,152
November	2,112	199	35	1,978
December	2,666	211	46	2,530
Total	26,866	1,781	444	25,767

AGE OF VEHICLES (IN YEARS) – 1972

0–1	1–2	2–3	3–4	4–5	5–6	6–7	7–8
7	—	7	9	16	8	14	12
Total 73 Vehicles							

INFECTIOUS PATIENTS – 1972

	Admissions	Transfers	Total	Type	
				Sitting Cases	Ambulance Cases
January	53	18	71	48	23
February	54	20	74	55	19
March	60	15	75	45	30
April	61	17	78	46	32
May	62	11	73	47	26
June	48	23	71	49	22
July	58	16	74	56	18
August	56	23	79	51	28
September	72	22	94	66	28
October	96	13	109	57	52
November	58	32	90	57	33
December	62	21	83	39	44
	740	231	971	616	355

FUEL CONSUMPTION

Stretcher Case Ambulances	15.11 miles per gallon
Sitting Case Ambulances	14.69 miles per gallon
Cars	18.04 miles per gallon

COMPARATIVE STATISTICS FOR 1971-72

	1971	1972
Petrol Ambulances	15.06 m.p.g.	15.11 m.p.g.
Dual-purpose Ambulances	14.23 m.p.g.	14.69 m.p.g.
Sitting-case Ambulances	17.37 m.p.g.	18.04 m.p.g.
Vehicles Mileage	952,041	946,606
Fuel – Petrol	64,232 galls	63,154 galls
Oil	992¼ galls	1,158 galls

AVERAGE MILEAGE

Type of Vehicles	Average Annual Mileage		Percentage Increase/Decrease on 1971
	1971	1972	
Ambulance – Petrol	171,402	14,215	–18.31%
Sitting-case Ambulance	12,831	13,577	+5.81%
Sitting-case Car	5,868	2,526	–56.95%

PATIENT REMOVALS – 1972

Number of Persons Carried	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Non-Infectious													
Out-patients	14,866	16,485	17,462	17,462	17,734	17,699	16,242	16,879	17,215	17,080	18,120	15,227	201,636
Hospital Admission/Discharges	2,734	2,654	2,707	2,330	2,517	2,528	2,337	2,147	2,477	2,528	2,518	2,719	30,196
Inter-Hospital Transfers	590	548	570	527	607	661	620	615	571	617	608	560	7,094
Infectious													
Hospital Admissions/Discharges	53	54	60	61	62	48	58	56	72	96	58	62	740
Inter-Hospital Transfers	18	20	15	17	11	23	16	23	22	13	32	21	231
Accident / Emergency													
Other Persons	32	24	29	34	248	364	353	263	158	30	43	49	1,627
Total 1972	20,569	21,845	23,006	20,735	23,355	23,356	21,834	22,099	22,461	23,506	23,357	21,168	267,291
Total 1971	21,910	20,887	23,270	20,994	21,810	22,926	22,079	20,575	21,334	21,149	22,523	21,068	260,525

Occupational Therapy

Prepared by Dr. H. P. Jones, F.R.C.S., D.Phys. Med.

The work of the Occupational Therapy section has continued uninterrupted throughout 1972. As mentioned in previous reports, the Units have, in general, tended to be under-used. Among the factors responsible for this state of affairs, the following are relevant to the situation and call for mention as well as appropriate action.

1. Shortage of Occupational Therapy Staff. The Units, in particular, have been worst hit by the country-wide difficulty in recruiting staff. To the senior staff who carried on with the work, in the face of shortage of trained qualified staff to assist them, we would want to place on record our thanks, and our appreciation of their devotion to their duties to the patients under our care.
2. The situation with regard to transport for Disabled Persons to bring them to the Units continues to be unsatisfactory and contributes to the under-utilisation of the Units. Whilst it is true that new vehicles have been obtained, these have been used to replace older ones which had become unservicable, so that the total number of vehicles available remains virtually unchanged. It is hoped that, as the number of vehicles increases in the future, more and more will be made available to transport patients to the Units, and thus enable more efficient use to be made of the monies spent in this direction.

The ideal of having one domiciliary occupational therapist to each District Office of the Social Services Department, still seems a long way away, which has meant that existing domiciliary occupational therapists find themselves with an abnormally heavy case-load due to their having to take on more than one District in order to cover the whole of the City area. Here again, the skill and forbearance of the existing staff is appreciated, for without this we could not hope to fulfil our commitments under the provisions of the Chronically Sick and Disabled Persons Act.

During the year, Miss N. Berrington-Jones, who had given yeoman service as Head Occupational Therapist for a number of years, was appointed to the newly-created post of Senior Adviser for Physically Handicapped; her place as Head Occupational Therapist was taken by Mrs. G. Sinnott, Senior Occupational Therapist at the Johnson Street Unit. We offer our warmest congratulations to both on their preferment and wish them well in their new posts.

Liaison has been kept up during the year with the Amputees Clinic at the Liverpool Royal Infirmary and also with STEM (Scientific and Technical Education on Merseyside), a body meeting under the aegis of the University which aims to utilise advances in technology to the benefit of the disabled in the community. Visits to the Promenade Hospital at Southport have been carried out as necessary by the Head Occupational Therapist and the Medical Officer (Rehabilitation).

At the year's end, a postal survey was carried out of those patients discharged from the Units during the previous five years in an attempt to find out what had happened to these patients since discharge. The results will be mentioned in the Annual Report for 1973.

During the year three members of the occupational therapy staff left, some for personal and domestic reasons, some on gaining employment elsewhere; to all of these we offer our thanks and valedictory good wishes. Three new staff were recruited during the year and to them we extend a hearty welcome and offer our good wishes; two Basic Grade Occupational Therapists were promoted to Senior Occupational Therapist Grade during the year; to them we offer our congratulations.

The occupational therapist aides, at present on the staff, continue to give valuable service in all four Units and enable the occupational therapists to devote more time to those duties more suited to their professional training and expertise. The question of giving them some in-service training as a possible way around the problems of shortage of trained occupational therapists is under active consideration at the moment. Obviously, even after training, they would work under the guidance of qualified occupational therapy staff and would in no way dilute the quality of the staff.

In October, a number of the younger chronic sick patients were moved from the other Units to the Balliol Unit, where a small Industrial Therapy Unit was opened for three days a week with a recently promoted Senior Occupational Therapist in charge. The hemiplegic patients were transferred to the Longmoor Lane Unit, but the children continued to attend at Balliol on the remaining two days of the week. It is hoped that this change will benefit the patients. The co-operation of local industrial firms in providing some contract work for these patients is appreciated and it is hoped that this good work continues.

With the reorganisation of Local Government and National Health Services due to take place in April, 1974, it would seem that occupational therapists will remain part of the Social Services Department and, therefore, under the new Local Authority, whereas the Medical Officer (Rehabilitation), in spite of working with occupational therapists, will be with the Personal Health Service Department which will be absorbed into the reorganised National Health Service. Time alone will tell how this apparent anomaly will work out in practice. Clearly these are challenging times for all concerned!

As in previous years, selected patients from the Units have continued to attend a Riding School at Formby for Riding for the Disabled, and derive considerable benefit and pleasure from this activity.

During the year, several patients were able to avail themselves of the annual holidays that had been arranged to Caernarvon and Barmouth, and accommodation suitable for the needs of handicapped persons was made available for them at both places. Members of the occupational therapy staff accompanied them on these holidays, which had been financially subsidised to keep their cost to the patients down to a reasonable level.

Another social activity enjoyed by the patients is the Wheelchair club which meets weekly.

Swimming facilities have been available for selected patients attending the Longmoor Lane Unit, and the patients find it helpful physically and psychologically.

PART D – ENVIRONMENTAL HEALTH AND PROTECTION
DEPARTMENT

Environmental Health

One very important aspect of the work during 1972 was the representation of 1,079 houses to complete stage one of the slum clearance programme, although further work is required in connection with a number of public enquiries which have been arranged to take place during 1973. Since the programme recommenced in 1947, a total of 43,421 houses have been represented as unfit for habitation and included in clearance areas or dealt with individually. The details of action under the Housing Act are included later in the Report.

The increasing importation of food in “containers” has resulted in additional time having to be provided for inspection of food which arrived in Liverpool without having been previously inspected at the port of entry. A total of 3,010 containers were received during the year.

Details of Visits

Inspectors visit houses to make enquiries following notifications of certain infectious diseases. The number of visits amounted to 533 and the number of enquiries regarding contacts was 101.

Investigations have continued in connection with ingestion diseases enquiries and inspectors obtained information about contacts and modes of infection. The number of specimens submitted for bacteriological examination amounted to 3,304 from 1,806 persons, of which 887 from 435 persons proved positive.

There are 7 registered common lodging houses in the city, 6 providing accommodation for 687 males and one providing accommodation for 95 females. The public health inspector made 138 visits both day and night, resulting in notices being issued in respect of byelaw infringements. The reduction in the number of lodging houses resulted in approximately 10% of the total beds available, being vacant at any one time.

A total of 1,654 beds were examined and 227 beds or articles were found to be verminous and subsequently cleansed by the local authority. During the year it was found necessary to cleanse 110 persons living in these houses.

The weekly meeting of the Special Sub-Committee has again enabled emergency action to be taken for the remedying of urgent defects and where occupiers were suffering severe discomfort due to outstanding items of disrepair, arrangements were made for the work to be carried out in default of the owners, to remedy unsatisfactory conditions affecting 590 houses. The work included the clearing of 78 drains, the restoration of the water supply to 397 houses provided with joint supply pipes and the remainder of the work was mainly in connection with repairs to roofs. The cost of the work will be recovered from the owners of the premises.

During the year it was necessary for 66 prosecutions to be taken and penalties and costs which were imposed amounted to £433.40.

A total of 33,987 requests was received for inspectors to visit premises and 7,798 notices were issued under the Acts and Regulations.

Defective drains caused rodent infestation, flooding and subsidence. Drainage systems tested to remove these problems numbered 837 and notices were issued in respect of 265 drainage systems which were found to be defective. In addition, choked or defective public sewers were referred to the Chief Engineer's Division for action under the provisions of Section 24 of the Public Health Act 1936.

Under the terms of licences issued from the Home Office, inspectors supervised the exhumation of 2 bodies during the year.

Other departments have co-operated by forwarding references in respect of matters requiring attention of inspectors and many references were forwarded to other departments.

Housing and Slum Clearance

The detailed inspection of substandard housing accommodation continued throughout the year, resulting in 1,079 houses situated in 19 clearance areas being classified as suitable for demolition, having regard to the standard of fitness laid down in the Housing Act, 1957. Since the programme recommenced in 1947 a total of 43,421 houses have been represented as unfit for habitation and included in clearance areas or dealt with individually.

There were 3,231 houses in 43 clearance areas made the subject of 21 compulsory purchase orders, and 3,231 submitted to the Secretary of State for the Environment for confirmation and 1 clearance order in respect of 12 houses was also made and submitted for confirmation.

Six Public Inquiries were held, involving a total of 907 houses in 6 orders, and during the year 5 compulsory purchase orders and 2 clearance orders involving 199 houses were confirmed.

There were 2,912 families rehoused from houses included in confirmed orders.

The General Purposes and Administrative Sub-Committee dealt with a number of individual unfit houses under the provisions of Part II of the Housing Act, 1957, a total of 55 dwellinghouses being represented to the Sub-Committee as unfit for human habitation. These premises were occupied by 81 families.

The Sub-Committee considered the condition of 35 houses, including a number which had been represented the previous year. Of these it was resolved that demolition orders be made in respect of 5 houses and closing orders in respect of 30 houses. In addition, 18 representations in respect of rooms and parts of premises occupied as separate dwellings which were unfit for human habitation were considered and in each case it was decided that closing orders should be made.

Following upon the rehousing of the occupants in premises subject to operative orders, 3 houses were demolished and 28 were closed and sealed. In addition, 3 dwellings being parts of premises were also closed.

Premises were reinspected where owners had carried out works as required to make premises fit for habitation, and as a result of the works undertaken the Committee during the year rescinded 7 closing orders.

Rents Acts, 1957/1968

A total number of 39,287 visits has been made by public health inspectors to dwellinghouses, under the provisions of the Rent Acts, 1957/1968, since the 6th July, 1957, when the Act became operative, and a total of 9,425 applications for certificates of disrepair has been received. Some 3,299 tenants have applied for certificates as to the non-remedying of defects specified in undertakings given by landlords, and 2,737 applications have been received from owners for certificates as to the remedying of defects in undertakings which they have given to tenants. Figures in 1972 were:—

Total number of applications for certificates of disrepair	25
Number of notices served on landlords of local authority's intention to issue certificates of disrepair (Form J)	19
Number of undertakings to carry out repairs received from landlords (Form K)	10
Number of certificates of disrepair issued to tenants (Form L)	26
Number of landlords who completed the repairs within the statutory period following the service of Form J	1
Number of applications (Form O) from tenants who have applied after owners have failed to comply with undertakings given (Form H or K)	5
Number of certificates (Form P) issued to tenants	4
Number of applications (Form O) from owners who have completed their undertakings	19
Number of certificates (Form P) issued to owners	16
Number of applications (Form M) received from owners for a cancellation certificate	8
Number of objections to cancellation received from tenants	2
Number of cancellation certificates issued	2

If the landlord is not satisfied that all the defects as listed on the certificate of disrepair are reasonable he has a right of appeal to the County Court. Similarly, the tenant can appeal if he does not accept the decision of the local authority regarding the cancellation of the certificate on the application of the owner.

Where premises are subject to a certificate of disrepair the tenant has a legal right to reduce the rent payable in respect of a dwellinghouse until all the works as specified on the certificate have been remedied satisfactorily. Likewise, if the owner fails to carry out the works as listed on the undertaking, within the statutory period of six months, the tenant is also entitled to reduce the rent payable until such time as the defects have been remedied to the satisfaction of the local authority.

Housing Finance Act, 1972

This Act was enacted to introduce a new system of housing subsidies, and to provide for rent rebates and rent allowance schemes administered by housing authorities; it also amends the law about rents of dwellings and in particular those dwellings subject to the Rent Act 1968; it also made other provisions as to housing finance.

The Act repealed certain sections of the Housing Act 1969 regarding the issue of qualification certificates in respect of dwellings provided with all the standard amenities and in good repair and fit for human habitation.

Under Section 27 of this Act the procedure for obtaining a qualification certificate was continued subject to the premises complying with the qualifying conditions.

If the local authority is satisfied that the dwelling complies with the requirements of the Act, they must issue a qualification certificate to the applicant.

However, if the local authority is not satisfied that the dwelling conforms to the provisions of the Act the certificate should be refused and the applicant given a written statement of the local authority’s reasons for the refusal.

Subject to the works specified being completed satisfactorily a certificate would be issued; this would then enable the owner to make application to the Rent Officer for a certificate of “Fair Rent”.

The Act also provided under Part IV, Section 35 to convert controlled tenancies, subject to certain provisions, to regulated tenancies. In so far as Liverpool properties are concerned the applicable date for conversion is as follows:—

Rateable value of dwelling	Applicable date
£60 or more	1st January 1973
£45 or more but less than £60	1st July 1973
£35 or more but less than £45	1st January 1974
£25 or more but less than £35	1st July 1974
£20 or more but less than £25	1st January 1975
Less than £20	1st July 1975

It can readily be seen that this provision will ultimately change all fit dwellings to regulated tenancies, thus enabling owners to apply for a Fair Rent.

The following statistical information is in respect of applications received during the year:—

Standard amenities already provided	
Number of applications for qualification certificates under Section 44 (1)	343
Number of qualification certificates issued under Section 45 (2)	941

Loans on Mortgage

During the course of the year, the City Council again considered applications for loans on mortgage from prospective owner/occupiers and 1,156 houses were inspected for this purpose.

Shops Acts, 1950 to 1965

The routine work of the department for the purposes of the Shops Acts has continued during 1972. All complaints made regarding Sunday and evening trading, enquiries about the employment of young persons and staff welfare have been fully investigated. From time to time advice is sought by members of the retail trade regarding the Food Hygiene (General) Regulations and the Offices, Shops and Railway Premises Act, when the requirements of the Shops Acts are also explained.

There has been little change in the methods of trading during the year and complaints regarding closing hours have been few. A total of 75 observations were made during the year and three infringements were dealt with following the service of warning letters. Complaints regarding Sunday trading have been few and on further investigation the managements concerned have confirmed that the shop is open for viewing only, or the shop is closed on Saturdays for religious convictions and the principals are persons observing the Jewish Sabbath. There have been no complaints from persons employed in these premises regarding hours of work, or welfare matters during the year.

A total of 8 summons were issued for contraventions of the Act and fines totalling £30 were imposed by the Magistrates' Court.

Street Trading and Delivery Vehicles

Food handling has continued to present a problem in these areas, from lack of attention to personal hygiene, inadequate equipment and facilities and the risk of contamination of the food being sold, or during transit.

During the year, 421 visits have been made and 88 infringements reported, involving food sold from barrows, hot-dog stalls and food delivery vehicles.

Very few complaints have been received about street trading from the general public but it has been found necessary to continue surveillance in specific parts of the city where this type of trade has developed into miniature markets set up on undeveloped sites.

Food Hygiene

Routine duties have been carried out under the Food Hygiene (General) Regulations by the inspectors and the number of visits totalled 14,108. Warning letters involving 3,680 infringements were served upon the owners of various types of food businesses in the city. Further visits revealed that the work to remedy these specific requirements had been completed.

The work undertaken by the division and the measures adopted have achieved an acceptable level of hygiene in general.

During the year prosecutions were taken involving 56 summons, one of which is awaiting judgment, for contraventions of the regulations, and on conviction fines totalling £364 were imposed.

FOOD PREMISES – 1972

Food trade	Approximate number
Licensed Premises	813
Off-Licence Premises	195
Restaurants with On-Licences	55
Other Premises with On-Licences	105
Registered Clubs	244
Retail Food Shops	4,250
Fish Frying Establishments	353
Cafes/Snack Bars	355
Hotels	54
Dairies (Registered)	831
Ice Cream Manufacturers	18
Ice Cream Vendors	1,523
Preserved Food Manufacturers	207
Canteens	408
Bakehouses	67
Street Traders in Food	126

Offices, Shops and Railway Premises Act, 1963

This is the ninth Annual Report since the enactment became operative in 1964, and it outlines the work of the Public Health Inspectorate to secure the safety, health and welfare of persons employed in offices, shops and certain railway premises.

The total number of premises on the register at the end of 1972 was 9,738 and the number of new registrations during the year was 343. The total number of persons employed in all establishments registered under the provisions of the Offices, Shops and Railway Premises Act, 1963 was 122,771 of whom 64,628 were females.

Further to the inspections carried out, notices including 719 infringements were served under the various sections of the Act, for which this division is responsible.

General Duties

Enforcement is in some instances the responsibility of Her Majesty's Factory Inspectorate and this is determined by consultation between officers of both departments. There has been a continued liaison regarding the demarcation of responsibility in various types of premises where the use is for different purposes within the same curtilage. Enforcement is then carried out by the officer responsible.

Communications between the Chief Building Surveyor, the Chief Fire Officer and this division have continued throughout the year and all necessary documents and relevant information forwarded to the respective divisions. The work under the general provisions of the Act has been mainly of a routine nature but special attention has been given to the ventilation of buildings, dangerous machinery and notified accidents.

Temperature and Ventilation

Since this Act came into force there has been a steady improvement in facilities provided to maintain adequate temperature and suitable ventilation in new buildings in the city area, and advice is often sought from this division by architects, engineers, builders etc., regarding legislation and the installations involved. Problems continue to evolve, however, in existing old premises, and buildings which are being altered, and it is in these instances that co-operation is essential between architects, surveyors etc., and officers of this division.

It is of interest that during the national strike in 1972 affecting power stations, when power was reduced or turned off at intervals, there were very few complaints received regarding lack of heat or ventilation of buildings, and enquiries made to this division were mainly seeking advice.

Dangerous Machines

The number of accidents notified to this division during the year, arising out of the use or cleansing of machines was 18. Two of these accidents happened to young persons under the age of 18 years, whilst using machines. Upon investigation of both these cases it was established that both persons were under supervision and had received instructions in the use of the machines. No contraventions of the Act were found. Not all dangerous machines are included in the Prescribed Dangerous Machines Order, 1964, especially in mechanical aids used in the movement of goods, and it is essential that all inexperienced workers should be warned of the dangers involved and receive instruction in safer working practices of all machines.

Accidents

In the year under review 342 accidents in shops and offices have been reported compared with 379 in 1971.

It is the practice for the public health inspector in the course of general inspections and other visits, to advise employers and other responsible persons of the various requirements of the Act, including the notification of accidents. Personnel are also advised of measures found necessary to improve the margin of safety in the premises.

As in previous years the majority of reported accidents are, fortunately, of a minor character and they are usually not associated with defects in structures or equipment, or any failure on the part of the employer or occupier of the premises to comply with the provisions of the Act. Of the 342 accidents notified to this department this year, 71% did not require action following investigation of the circumstances.

Hoists and Lifts

Since the implementation of the Offices, Shops and Railway Premises (Hoists and Lifts) Regulations 1968, 315 reports have been received detailing 1,125 matters requiring the attention of the owners of passenger, service and goods lifts and goods hoists.

Public health inspectors have made such visits as were considered necessary to the buildings in which the lifts or hoists are situated and, in certain instances inspectors interviewed representatives of the owners to expedite some of the requirements.

During the year, several accidents of a minor nature were reported to the department regarding various escalators in the larger type retail stores in the city. The construction of several of the escalators is such that the footwear of persons using the escalators could become trapped between the rising treads and flange of a casing enclosing the moving staircase. No physical harm occurred although the footwear was damaged. The managements concerned were interviewed, the manufacturers called in and modifications regarding the flange arrangement is to take place; in the meanwhile warning notices have been displayed and further accidents have been avoided.

This matter was considered by the Environmental Health and Protection Committee and it was resolved that the attention of the Association of Municipal Corporations and the Department of Employment and Productivity be drawn to the need for legislation governing the safety of escalators in public buildings.

General

The enforcement of certain sections of the enactment has not revealed anything of a specialised nature, and of the infringements brought to the attention of the various owners involved, remedial measures were carried out to the satisfaction of this division.

Clubs and Licensed Premises

At the end of 1972 the total number of registered clubs was 244, and a further 90 clubs were subject to 'on' licences under the provisions of Section 55 of the Licensing Act, 1964.

Club registration certificates are granted by Magistrates and during 1972, six applications for new registration certificates, 63 applications for the renewal of existing certificates and three applications for variation of existing certificates, under the provisions of the Licensing Act, 1964, were considered by Magistrates.

A club registration certificate is granted for a period of twelve months, but on the second or subsequent application the Court may renew the certificate for a period of up to ten years. Certificates may also be varied in respect of different, additional or enlarged premises.

The Town Clerk notifies the departments concerned of applications for certificates. Public Health Inspectors are responsible for enforcing the provisions of the various enactments relating to food hygiene and public health matters and to ensure that the premises are suitable for the purpose.

All the clubs were visited upon notification of the application. Specifications were issued in many cases requiring work to be carried out to ensure the premises satisfied the required standards.

On completion of the required works to the satisfaction of the local authority, the Magistrates granted or renewed the club registration certificates.

Other Clubs

At the end of 1972, there were 22 bingo clubs in the city, four gaming casinos and three members. clubs registered for gaming. Regular visits were made to these premises to ensure that their condition was satisfactory in all matters for which the public health inspector is responsible for enforcement. There were two entertainment clubs in the city and each was visited on the receipt of the application for the renewal of registration of the premises, to ensure compliance with the provisions of the Liverpool Corporation (General Powers) Act, 1961, in matters relating to lighting, sanitation and ventilation.

Licensed Premises

The total number of “off” licensed premises for the sale of beer, wines and spirits was 195 and there were 55 restaurants licensed for the sale of intoxicating liquor, 3 premises with residential licences and 7 premises with residential and restaurant licences.

Supervision of Food Supply

1. Chemical Sampling

During the year a total of 2,582 samples of food and drugs were procured and submitted for analysis; of these 302 were formal samples and 2,280 informal. The Public Analyst reported that 146 samples (5.64%) were not genuine either by reason of deficiency of composition or labelling. The samples obtained covered the whole range of foodstuffs including milk, imported foods, fish and meat products, and a number of samples of raw foods were examined for pesticides.

(a) Milk

Milk is a widespread and staple source of food which is easily adulterated and therefore figured prominently in the sampling programme. 1,418 milk samples were submitted for analysis, 17 formal and 1,401 informal; of these 144 were found to be adulterated by the addition of water or the abstraction of fat.

(b) Pesticide Residues

During the year 65 samples (of all types of foodstuffs) were submitted for examination for pesticide residues and none were found to contain residues above the recommended limit.

(c) Metals

One hundred and fifty-two samples of imported foods were submitted for examination for arsenic, lead, copper, zinc, tin, cadmium and mercury. In two cases it was reported that canned goods contained an excess of tin which resulted in the stocks being withdrawn from sale in this country.

2. Bacteriological Samples

(a) Milk

Samples of all heat treated and untreated milk processed or sold in the city were taken regularly throughout the year and the results generally indicate that the standards of heat treatment and cleanliness continue to be satisfactory.

165 samples were submitted during the year and the results were generally satisfactory.

3. Inspection of Imported Foodstuffs

The Imported Food Regulations 1968 allowed for containers of foodstuffs to be passed through the port of entry unexamined and for the examination to be carried out at the inland destination. During 1972 a total of 3,010 containers arrived in the city requiring inspection. All containers were inspected on arrival.

Seventy-seven samples of frozen hen egg whites were submitted for bacteriological examination and none were found to contain food poisoning organisms.

Ten samples of trout were submitted to the Public Health Laboratory for Clostridium Botulinum but were found to be satisfactory.

Seven samples of dessicated coconut were submitted to the public health laboratory for food poisoning organism but were found to be satisfactory.

During the latter part of the year 54 bacteriological samples of meat were taken from Greenbrook School Meals Production Unit to monitor the efficiency of heat treatment of the meats. All samples were found to be satisfactory.

Inspection of Food for Fitness

Public health inspectors have made daily visits to the Wholesale Fish Market and the Wholesale Fruit, Vegetable and Flower Market. Poultry and game on sale at the wholesale market is inspected prior to sale to the retail trade, 1,693 lbs. being rejected and destroyed as a direct result of these inspections, the main cause of condemnation being decomposition.

Inspections at the Wholesale Fish Market resulted in the condemnation of 33,614 lbs. of fish and 8,703 lbs. of shellfish.

The daily inspection of fruit and vegetables at the wholesale market and in the warehouses throughout the city resulted in the rejection of 590,076 lbs. of fruit and 609,144 lbs. of vegetables as being unfit for human consumption.

There are four pasteurisation plants and one sterilisation plant operating in the city. These have been visited regularly throughout the year and both operation and hygiene have been found to be satisfactory.

A total of 1,014 heat treated milks were submitted to the Public Health Laboratory for examination, comprising 813 pasteurised milks, 153 sterilised milks and 48 ultra heat treated milks (U.H.T.). None of the pasteurised or sterilised milks failed the appropriate tests for heat treatment, however 7 pasteurised milks failed the methylene blue test for bacterial quality, the causes of these faults were traced and rectified.

A small percentage of the milk sold in the city is untreated, all of it being obtained from two cowkeepers who have herds within the city. Samples of this milk are obtained regularly and the Public Health Laboratory carry out tests for the causative organisms of Tuberculosis and Brucellosis. Twenty routine herd samples were taken during the year, all of which were negative for Tuberculosis and Brucellosis.

(b) Ice Cream

A total of 306 samples of ice cream were submitted to the Public Health Laboratory for examination by the methylene blue test: 218 were found to be in Grade I, 34 in Grade II, 20 in Grade III and 34 in Grade IV. Samples of Grades III and IV are considered unsatisfactory and it is the practice to take further samples to see if the results are consistently poor. Appropriate action was taken in respect of unsatisfactory samples and advice given to manufacturers concerning the sterilisation of the processing plant. The methylene blue test for ice cream, while serving as a useful indicator, is not prescribed by statute and it is not possible to take legal proceedings solely on the basis of unsatisfactory results.

(c) Other Foods

Samples of foods which are normally eaten without further cooking such as meat pies, cooked meats and confectionery are examined for their suitability for human consumption, including examination for food poisoning organisms.

A variety of food premises, including wholesale warehouses, have been visited for the purpose of the inspection of canned goods and grocery sundries and retail shop stocks were inspected on routine visits. These inspections resulted in the rejection of 47,613 lbs. of foodstuffs as being unfit for human consumption. In addition 12,087 items of frozen food and 15,855 lbs. of butchers meat were rejected due to the breakdown of refrigerator elements. The various types of canned goods rejected were:—

Canned Meats	10,824 lbs.
Canned Fruit and Vegetables	39,696 lbs.

Consumer Complaints

A total of 643 consumer complaints were received from members of the public or were referred to this department by other authorities. All consumer complaints were thoroughly investigated and advice given to the responsible vendor or manufacturer to prevent similar occurrences and the complainants were generally reimbursed for any loss incurred.

Liverpool Corporation Act 1921

Subject to the premises being of the required standard, the local authority are empowered to grant licences for the keeping of dairy cows, store cattle and pigs. Licences were issued in respect of 17 premises.

The Milk Special Designation Regulations 1963-65

A total of 130 new registration certificates in respect of milk distributors and their premises and licences for the sale of designated milks were issued.

271 visits were made to milk processing plants for the purposes of sampling, at times when installations were in operation and each visit was utilised for a routine check of the plant, special attention being given to the temperature and the functioning of the recording and indicating instruments.

Poultry Processing Premises

There are two slaughtering units operating in the city. One is used for the ritual slaughter by the 'Jewish method. Some 50,000 birds were slaughtered and rough-plucked on the premises and delivered uneviscerated to kosher butchers in the Merseyside area. Poultry of all types is handled, the amount rejected as unfit for human consumption was less than 1%.

The other slaughtering unit is for the ritual slaughter of poultry by the Moslem method and this unit has a throughput of some 1,000 birds which in most cases are eviscerated prior to sale.

1. Number of poultry processing premises	2
2. Number of visits to premises	203
3. Number of birds processed	51,000
4. Types of bird	All types
5. Percentage rejected	Less than 1%
6. Weight of rejected birds	Small
7. Poultry hygiene, transport, crates, etc.	Satisfactory

Meat Inspection

There are two private slaughterhouses in Liverpool, one is situated within Stanley Markets area, and the other is at Woolton; at the latter slaughterhouse the facilities have been used entirely for the slaughter of pigs.

Tuberculosis

The Ministry of Agriculture, Fisheries and Food did not send any cattle for slaughter under the Tuberculosis Eradication Scheme. Only one beast was sent in during 1971.

Brucellosis

Two caws were sent in by Veterinary Officers of the Ministry under the Brucellosis (Accredited Herds) Scheme. This compares with five last year and forty-two the year previous.

Cysticercus Bovis

Six beef carcasses were found to contain bovis cysts this year, compared with thirty-four the previous year. The affected parts were condemned and the carcasses were refrigerated for the required time, at the correct temperature, before being passed as fit for consumption.

Condemned Carcasses

Pigs

266 carcasses were condemned and destroyed as being unfit for human consumption.

Sheep

Oedema, Emaciation, Septic conditions and Pyaemia were the main causes why 483 whole carcasses were condemned.

Calves

Enteritis, Immaturity, Umbilical Pyaemia accounted for the loss of 27 carcasses, 21 less than the previous year.

Cattle

Three bullock carcasses were condemned, this is the same as last year. 26 cow carcasses were condemned, this figure is one less than the previous year.

The weight of organs and livers condemned was 80 tons, including 18 tons 6 cwt. of distomatotic livers which were sent for pharmaceutical manufacture.

Animals Slaughtered

Details of the number of animals slaughtered during the year as as follows:—

Cattle (including Cows)	Calves	Sheep and Lambs	Pigs	Total
28,037	123	92,750	100,516	221,426

Condemned Meat — Details are as follows:—

	Part	Whole	Weight		
			Tons	Cwts.	Lbs.
Cattle (excluding cows)	163	3	3	4	94
Sheep and Lambs	1,257	483	9	3	34
Pigs	2,039	266	22	15	101
Cows	286	26	8	3	111
Calves	—	27	—	8	59

Meat Market

Carcases and meat dealt with in the market, excluding the meat and offal from the 221,426 animals slaughtered in the City were as follows:—

Origin	Beef Hinds/ Fores	Carcases Mutton/ Lamb	Carcases of Pork	Carcases of Veal
Imported chilled or frozen	411	652,440	253	—
Slaughtered outside Stanley Abattoir	70,552	108,783	180,021	663

In addition to the above, 591,757 packages of meat, poultry and rabbits were handled.

Slaughtering Licences

A total of 48 licences were granted by the City Council, including 2 licences for Jewish Ritual Slaughter, 3 licences for Mohammedan Ritual Slaughter.

Training Courses

The training courses for Meat Inspection and Food Hygiene and Public Health Inspection were again well attended and the examinations were held at the Slaughterhouse at Stanley.

Specimens for Examinations

Specimens were provided for the Royal Society of Health and the Public Health Inspectors Education Board.

Specimens for Teaching Purposes

Requests for supply of blood, hearts, eyes and cysts and any other specimens for hospital laboratories and the University were met.

Diseases of Animals Act

The Diseases of Animals Act, 1950

Under the above Act the Minister of Agriculture, Fisheries and Food is empowered to make Orders to:—

- (i) Control certain scheduled diseases of animals.
- (ii) Prevent the entrance of disease into Great Britain.
- (iii) Regulate the transport of animals and poultry.

In the majority of cases these Orders are enforced by the Local Authority.

The following new Orders were made or came into operation under the Act during the year:—

The Newcastle Disease (England and Wales) Order, 1971.

The Rabies (Importation of Mammals) Order, 1971.

The Brucellosis (Eradication Areas) (Scotland) (No. 2) Order, 1971.

The Brucellosis (Eradication Areas) (Norfolk and Suffolk) Order, 1972.

The Importation of Carcases and Animal Products Order, 1972.

The Brucellosis (Eradication Areas) (Scotland) Order, 1972.

The Brucellosis (Eradication Areas) (Scotland) (No. 2) Order, 1972.

The Brucellosis (Area Eradication) (Scotland) (Amendment) Order, 1972.

The Tuberculosis (Compensation) Amendment Order, 1972.

The Tuberculosis (Compensation) (Scotland) Amendment Order, 1972.

The Equine Animals (Importation) Amendment Order, 1972.

The Diseases of Animals (Miscellaneous Fees) Order, 1972,

The Brucellosis (Eradication Areas) (West Sussex, Cambridgeshire and Essex)
Order, 1972.

The Brucellosis (Area Eradication) (England and Wales) (Amendment)
Order, 1972.

The Brucellosis (Area Eradication) (England and Wales) (Extension)
Order, 1972.

The Brucellosis (Area Eradication) (Scotland) Amendment (No. 2)
Order, 1972.

The Live Poultry (Restriction) Amendment Order, 1972.

The Diseases of Animals (Approved Disinfectants) Order, 1972.

The Brucellosis (England and Wales) Compensation Order, 1972.

The Brucellosis (England and Wales) Order, 1972.

The Foot and Mouth Disease (Infected Areas) (Vaccination) Order, 1972.

The Brucellosis Compensation (Scotland) Order, 1972.

The Brucellosis (Scotland) Order, 1972.

The Importation of Canadian Cattle (Amendment) Order, 1972.

The Swine Vesicular Disease Order, 1972.

The Anthrax Order, 1938

During the year two cases of suspect Anthrax were notified to the Ministry of Agriculture, Fisheries and Food for veterinary examination. In both cases laboratory tests proved negative and the cadavers were released for industrial use. Positive Anthrax cases continue to be found in the United Kingdom at a steady rate. All animals “found dead” in the city abattoirs are regarded with suspicion, if there is any doubt the Ministry is informed.

The Swine Fever Order, 1959

There were no confirmed cases of Swine Fever in the country during the year. Apart from three small outbreaks of the disease in 1971 the last time Swine Fever was found in the U.K. was in 1966.

The Regulations of Movement of Swine Order, 1959

Under the provisions of this Order, livestock markets must be specially authorised for the sale of live pigs. The movement of swine from markets to pig dealers premises and slaughterhouses is controlled by licence with a view to tracing contacts in the event of notifiable disease being found. During 1972 some 435 licences were dealt with involving 14,685 pigs for movement to the abattoirs in the City and to pig dealers premises. A total of 401 visits were made to farms, pig dealers premises and the slaughterhouse and bacon factory under private control when 43,204 pigs were inspected for signs of notifiable disease.

The Foot and Mouth Disease Orders, 1928-1969

The United Kingdom has been free of the disease during the year. Several suspected cases were reported to the Ministry of Agriculture, Fisheries & Food in various parts of the country but, fortunately, upon veterinary examination all cases proved negative. A close daily watch is kept on all animals awaiting slaughter at the City abattoirs for any possible symptoms of the disease.

The Swine Vesicular Disease Order, 1972

The Order of 15th December 1972 made Swine Vesicular Disease notifiable under the Act. An outbreak of disease amongst pigs at Cannock, Staffordshire on 12th December 1972 was first confirmed by the Ministry of Agriculture as Foot and Mouth Disease. Further investigation proved that it was not Foot and Mouth Disease but Swine Vesicular Disease which was new to the United Kingdom and had only been identified previously in eastern Asia and southern Europe. The symptoms are the same as those of Foot and Mouth Disease, in both cases the spread of infection is rapid.

A large area of the west midlands was declared an “Infected Area” in which all movement of cattle, sheep, goats and swine is permitted only with a movement licence. All swine on infected premises were slaughtered under Ministry of Agriculture direction. The cause of the spread of the disease is unknown but could be via improperly boiled swill. This outbreak of the disease did not greatly affect animal movement to the City area, the nearest point of an “Infected Area” being about 30 miles away.

The Diseases of Animals (Waste Food) Order, 1957

Under this Order the feeding of waste foods to certain animals and poultry is prohibited unless the food has been sterilised by heat prior to feeding. The plant used for this purpose must be licenced by the Local Authority. The Ministry of Agriculture is always concerned about feeding unsterilised or partly sterilised waste food to livestock as this could be the means by which a variety of diseases could be spread. Local Authorities have been asked to pay particular attention to the observation of this Order with the present outbreak of Swine Vesicular Disease in mind. There are 15 collectors of waste food in the City, during the year 65 visits were paid to livestock premises to ensure compliance with the Order relative to the satisfactory use of sterilising equipment.

The Rabies Order, 1938

The United Kingdom was free of this disease, no cases were confirmed in the country. Rabies is present in wild life in almost all parts of the world, the British Isles being one of the few areas which does not have the disease.

The Importation of Meat etc. (Wrapping Materials) Order, 1932-1939

The Importation of Carcasses and Animal Products Orders, 1954-1966

These Orders are designed to prevent the introduction of Foot and Mouth Disease and other diseases into the U.K. During the year 165 visits were made to horticultural premises in the City. Several consignments of carcase meat and offal were moved to and from Royal Naval ships in the Port to cold stores in the City under licence granted by the Ministry of Agriculture, Fisheries and Food; the premises involved were visited by inspectors of the Division.

The Market Sales and Lairs Order, 1925-1965

Animals awaiting slaughter at Stanley Abattoir lairages are inspected twice daily and a daily visit is made to the lairages occupied by a private slaughtering company and bacon factory in the south of the City for signs of notifiable disease. The feeding, watering, bedding, hygiene, prevention of cruelty and rotation of animals is also overseen.

The following dead animals were dealt with in the year:—

cattle 1, sheep 79, calves 1, pigs 47.

The Poultry Order, 1937-1966

The Poultry Premises Vehicles (Disinfection) Orders, 1956

With the continued but reduced presence of Fowl Pest in the U.K. the maintenance of a high standard of cleanliness in poultry premises and vehicles is of the greatest importance. Daily visits are made to one poultry slaughterhouse in the City and a second, smaller unit, is regularly visited. In the year, 2,903 crates of live poultry and 2,134 empty crates were inspected for cleaning standards and action taken as necessary. Attention is also given to the maintenance of a high standard of cleanliness in vehicles used for poultry transport and to equipment, fixtures and fittings, etc. at the places of slaughter.

Fowl Pest Orders, 1936-1963

Although outbreaks of Fowl Pest continue to be confirmed by the Ministry of Agriculture, during the year no cases were found in, or brought into, the City. Regular visits are made to poultry keepers in the City.

The Transit of Animals Orders, 1927-1947

The following inspections were made for the purpose of ensuring satisfactory cleansing after carriage of and use by animals:—

Irish and Manx steamers	842 visits
Railway stations, pens, etc.	1,498 visits

Vehicles used for the transport by road of livestock must be constructed with a view to adequate ventilation, safety, means of egress, proper securing of livestock, separation of mixed consignments, etc. Provision is also made for the cleansing of vehicles after use and before any fresh livestock is loaded.

During the year, 2,019 vehicles were inspected and action taken as necessary. Some 1,375 calves together with consignments of other animals passed through the dock area during the period.

The Transit of Calves Order, 1963

This Order provides for the humane and hygienic handling, feeding, watering and protection of calves in transit. Regular consignments of calves arrive in the City for shipment, mainly to the Isle of Man. These calves are inspected and the requirements of the Order enforced, action being taken as required.

The Animals (Landing from the Channel Islands, Isle of Man, Northern Ireland and the Republic of Ireland) Order, 1955-1964

Some 347 licences issued by the Ministry of Agriculture were handled for the movement of 4,057 cattle for slaughter in the Liverpool area following importation from areas covered by the Order.

The Animals (Importation) Order, 1930

Under this Order a total prohibition is placed on bringing cattle, sheep, goats, other ruminating animals or swine into any part of the United Kingdom unless a licence has been previously granted for importation by the Ministry of Agriculture, Fisheries and Food. During routine visits to incoming ships the requirements of this Order are always in mind. Upon two occasions animals were found to have been brought into the Port from prohibited countries and action was taken to ensure that the animals and anything in any way used about the animals were kept thoroughly isolated. Ships agents in both cases were informed of the infringement under the Order.

The Importation of Dogs and Cats Order and Amendments, 1928-1971

Any dog or cat brought into the United Kingdom from any country outside the British Isles must go into quarantine for a period of six months, at the owner's expense, and all such animals must be landed with an import licence previously granted by the Ministry of Agriculture. In all cases where no import licence is held the animal concerned cannot be landed in the U.K. In the course of the year some 2,740 ships were visited and 210 dogs and 49 cats not intended for landing were detained on board ship and 925 visits were made to ensure such animals were not landed.

During the year several unwanted cats were destroyed painlessly on board ship at the request of the ship's Master, the cadavers were later landed and incinerated under the direction of inspectors of the Division.

The Rabies (Importation of Mammals) Order, 1972

Under this Order a wide variety of mammals is listed, the landing of which is prohibited unless with a licence previously granted by the Ministry of Agriculture. In every case the animal concerned must go into quarantine for a period of six months, the quarantine being at authorised premises and at the expense of the owner. During routine visits to ships in the Liverpool docks, enquiries are always made about the presence of any prohibited mammals on board and the limitations of the Order explained to the owner of the animal and to the ship's Master. During the year, inspectors of the division painlessly destroyed several small animals—monkeys and marmosets, etc.—at the request of the Captain, the cadavers being landed and incinerated. The Ministry of Agriculture has long been concerned about such animals bringing rabies into the United Kingdom. When any such animal is found on board a vessel the ship owners or agents are notified of the requirements of this Order and asked to bring them to the attention of ships' Captains with a view to stop animals being brought on board in overseas ports. The greatest assistance is always given by ships owners and agents and the number of animals found is now declining.

The importation of Horses, Asses and Mules Order, 1957

The Equine Animals (Importation) Order, 1969-1971

Various consignments of equines pass through Liverpool docks from overseas. During the year, 30 ships and 44 horse boxes were visited and inspected for cleanliness, washing and disinfecting prior to landing in accordance with the Order.

The Transit of Horses Orders, 1951-1966

The Horses (Sea Transport) Orders, 1952-1958

To ensure compliance with these and a miscellany of other Orders, a total of 2,740 ships were visited during the year, inspected and action taken as required. Road vehicles carrying livestock to and from the docks were inspected for suitability, construction, hygiene, etc. The construction of pens, boxes and stalls was inspected and attention given to stowage and humane handling.

Factories Inspection

The local authority inspectorate is responsible for ensuring the provision of satisfactory sanitary accommodation in all factories and for certain other matters in factories in which mechanical power is not used. The detailed statistics of work under the Act which are required to be provided each year are included in the statistical appendix.

Although the Act confines the responsibility of the local authority to particular aspects, in practice the service of the public health inspector includes the giving of advice in respect of canteen arrangements, and investigation of problems relating to noise, dust, smoke, odour and other industrial nuisances, which are matters controlled by other legislation administered by the local authority.

Food Factories

The majority of the baking and food manufacturers in this city have demonstrated that they are aware of their responsibilities as far as production of clean and safe food is concerned. Many members of the industry take advantage of the wealth of information provided by active and progressive research associations, and 1,790 visits were made to food manufacturers throughout the year. The advantages of regular visits by public health inspectors to food factories include the mutual exchange of information regarding new techniques and processes, advice to managements of their responsibilities, and where necessary the enforcement of the requirements of Food Hygiene (General) Regulations 1970. Legal proceedings were taken against the managements of two food factories resulting in fines totalling £259 being imposed on the defendants.

Dust Nuisances

The financial aid granted to the city under the Environmental Assistance Scheme has provided further opportunities to clean and renovate a number of the public buildings throughout the city. The cleansing of the external stonework by a dry sand blasting process can cause serious dust nuisances especially in windy weather. The adequate and skilful use of material enclosing the working area with “drapes” and the constant removal of the “spent” sand from the footwalks can reduce potential nuisances.

Offensive Odours

There are many industrial processes which involve the use of odorous substances, or produce odours as a by-product of those processes. These odours when discharged to the atmosphere can create very unpleasant conditions for people residing in the vicinity. The number of persons suffering discomfort at the time of the emission of an offensive odour will, to a great extent, depend upon the climatic conditions prevailing at the time, as the odour is likely to be more widely dispersed during windy weather.

Responsible managements take precautions to prevent the emission of odours, and in general, installations in the factories where odorous materials are being processed, are capable of being operated without causing problems, but due to mechanical breakdowns or human error, some emissions do occur. These forms of emission are usually of short duration, as inspectors engaged on investigation of odours are frequently able to associate the odours with particular processes carried on in certain factories, this results in an immediate visit to the premises to ensure that action is taken to stop the emission.

There are powers under the Public Health Acts to take action against persistent offenders but managements do endeavour to co-operate. Some problems continue to exist and considerable research is in progress in an effort to prevent the emission of odours from a particular factory, where the problem has been reduced but not completely solved.

The source of offensive odours is sometimes from outside the city and in these cases it is very difficult to isolate the source as odours are wind-borne for long distances and sometimes change in character.

Outworkers

In order to ensure that premises used by outworkers are suitable and wholesome, employers of outworkers are required under the provisions of Section 133-134 of the Factories Act 1961 to submit, twice yearly, to the local authority returns giving the names and addresses of the employees and of the type of work involved.

Details are as follows:

Number of outworkers during the year	74
Number of returns received from other authorities	2
Number referred to the Medical Officer of Health of Districts outside the city	Nil

Rag Flock and Other Fillings Materials Act, 1951

The number of premises licensed and registered is as follows:—

1. Licensed to manufacture rag flock	1
2. Licensed to store and sell rag flock	5
3. Registered for the use of filling materials	39

The decline in the number of premises registered for the use of filling materials (51 premises—1971) is mainly due to the demolition of buildings throughout the city in preparation for future redevelopment.

Atmospheric Pollution

Smoke Control Orders

There are now 22 operative smoke control orders covering some 86,000 premises and three further orders become operative in the 1973-1974 period. Works of conversion continue in these areas and the co-operation of residents is greatly assisting the programme. In addition, many residents in areas not yet subject to smoke control orders have converted the fireplaces in their dwellings to smokeless combustion and this is assisting in reducing atmospheric pollution. A total of 18,327 visits were made and 4,322 appliances were converted to smokeless combustion.

Industry and Shipping

The number of complaints concerning industrial smoke and shipping continues to decline due to the use of improved equipment and better operating techniques. Most emissions of smoke are now attributed to mechanical breakdown, but observations are maintained to ensure that the trend to a cleaner atmosphere continues.

New Installations

With the continuing construction of new premises in the city as well as renewal of old, worn out plant, new chimney heights and revised levels have received attention in 20 cases. There were 5 instances where consultants had to increase the proposed heights before Committee approval could be given. In all cases co-operation on both sides achieved satisfactory levels. New installations resulted in 30 notifications, all of which requested official approval of the proposal, and in all cases this was given.

Measurement of Pollution

The city has continued its involvement in the National Survey which is organised by the Warren Spring Laboratory of the Department of Trade and Industry. Seven instruments monitor the atmosphere for sulphur dioxide and smoke concentrations in various locations throughout the city. The results from five of these monitoring stations are submitted as part of the National Survey.

Research Investigations

Additional monitoring equipment is currently being purchased to enable investigations to be initiated into the levels of various other pollutants found in urban atmospheres with particular reference to the motor vehicle.

Rodent Control

Duties of Local Authorities and Occupiers

It is the statutory responsibility of every local authority under the Prevention of Damage by Pests Act, 1949, to take steps to secure as far as is practicable that their district is kept free from rats and/or mice and to enforce the duties of owners and occupiers under its provisions.

Practical assistance is also given to owners and occupiers of business premises and land, and this proves helpful because to rely solely on the enforcement of the provisions of the Act could lead to an increase in the rodent population. Where assistance is provided at places other than dwelling houses a charge is made for the services rendered.

Systematic Survey

The rodent control staff examined 15,306 sites during the year in connection with routine survey and investigation of complaints and a further 79,992 visits were made entailing operational work and re-examination of buildings and lands during or following treatments. The public health inspectors also made in connection with other matters 105,724 inspections under the Act.

Rodent Infestation

During the year 2,751 sites were found to be infested, 1,026 by rats, 25 by rats and mice and 1,700 by mice only. No major infestation was reported during the year. Details are shown in the statistical appendix.

Complaints relating to rats and/or mice to the total of 16,323, an increase of 3,930 over the previous year were received and investigated. It is of interest to note the increase in the number of reports regarding rodent activity and the fact that the number of rodent infestations was 179 less than during the previous year.

Rodent Disinfestation

During the year 3,622 buildings and lands were disinfested from rats and/or mice. The demand for assistance from occupiers of business premises was reduced and 729 requests were received.

Of the 3,622 infestations and re-infestations remedied during the year 3,562 were treated by the department's staff and of these 3,453 were cleared by the use of poisons, 100 by poisoning and trapping. The remaining 9 infestations were remedied by trapping only. There were 60 notified infestations remedied by occupiers or their contractors under the guidance and supervision of the rodent control inspectors.

During the year 1,270 dead rats were actually collected during operational work and 307 were caught in traps. The species of rats collected were 499 *rattus norvegicus* ("brown" or "common" rats) and 771 *rattus rattus* ("black" or "ship" rats).

Rat Destruction in Sewers

There are some 26,500 manholes providing access to the whole of the sewerage system in the city and a total of 44,896 poison baits were laid in manholes. There is no doubt that as the result of the continuous and systematic treatment of sewers the breeding and migration of rats through sewers and drains has been greatly reduced but it is essential that treatments are continuously applied. A follow-up test after the poison treatment was applied to a proportion of the manholes previously treated and activity was recorded in 554 out of a total 23,296 manholes re-tested. A further poison treatment was applied in those areas where positive results had been found.

During the year it was considered necessary to refer to the Chief Engineer 150 items of work which required attention in order that maximum benefit could be had from the work entailed in this branch of the work of the department. The items included the removal of rubbish from baiting points and the clearing of choked or partially choked sewers.

Preventive Measures

During the year 345 drain tests were held in connection with infestations which resulted in 113 premises being found to have defective drainage systems and the necessary action was taken to have the drains repaired. There were 233 notices served under the provisions of the Damage by Pests Act, 1949, relating to non-structural work.

The survey of the central area of the city which commenced in the latter part of 1971 was completed and showed that the extent and degree of black or ship rat infestation was not as heavy as had been anticipated. All the infestations found were dealt with by private contractors, or the staff of the section, resulting in the premises being disinfested in a reasonable time.

Block control is the most efficient type of work in connection with rodent control and is continuously being carried out.

Pigeon Control

Considerable damage to the fabric of buildings is caused by feral pigeons as well as the fouling of approaches to premises. The operational work carried out resulted in many pigeons being trapped and humanely destroyed and some feral pigeons were destroyed as a result of work carried out by private firms.

A total of 32,358 visits were made which resulted in 66,044 feral pigeons being humanely destroyed and 874 eggs were destroyed. The number of birds caught by the department's staff was 63,327 and 2,717 by private firms interested in this type of control. Since the inception of the sub-section in January 1966, a total of 466,810 feral pigeons and 32,912 eggs have been destroyed.

Disinfection and Disinfestation

The duties of this sub-section are to provide services for disinfection following infectious disease and disinfestation of verminous premises and articles. The sub-section also maintains and staffs the City Mortuary in close liaison with the City Coroner and the Coroner's Officer.

Complaints concerning vermin infestation are received from tenants and the premises are visited by the disinfestation inspectors when appropriate advice and practical assistance is given. Information is also received concerning premises from which families are to be rehoused. Where necessary the effects are disinfested before removal to the new accommodation in order to avoid the transfer of vermin. A total of 17,152 inspections were made during the year.

Advice and practical assistance in the disinfecting or disinfesting of hospitals and other buildings has been provided when necessary.

Disinfecting Station, Smithdown Road

The staff at the Station dealt with the following articles:—

- 13,195 Verminous articles disinfested;
- 5,539 Infectious articles disinfected;
- 5,921 Articles for precautionary treatment;
- 404 tons of goods treated prior to export;
- Bedding from seven ships treated;
- 120 Male persons used the facilities in the Cleansing Station.

Visits by Inspectors

- 5,931 Inspections in relation to rehousing;
- 3,611 Vacant Corporation properties inspected;
- 6,590 Complaints from the general public investigated.

Treatment of Properties Carried Out

- 6,965 Dwelling houses;
- 165 Business premises;
- 283 Treatments in hospitals, baths, laundries, schools, etc.

City Mortuary

This service works in close liaison with the office of the City Coroner and during the year the staff assisted at 560 post-mortems and 604 bodies were received.

General

During the year several members of the staff were transferred to the Personal Health Department as their work deals with welfare foods, incontinent laundry service and home nursing equipment.

A feature of the work of the disinfestation section is the removal of health hazards revealed when persons are found living in isolation. Instances have occurred when large accumulations of rubbish are found inside the accommodation and this work is carried out in close co-operation with public health inspectors and social workers.

SUMMARY OF PROSECUTIONS – 1972

Act	Section	No. of Informations or Complaints	Penalties	Costs
Shops Act, 1950	Shop open on Sunday	8	£ 30.00	£ —
Food and Drugs Act, 1955	Food not of quality demanded	2	20.00	19.40
Food Hygiene General Regulations, 1970		56	364.00	—
		66	414.00	19.40

FACTORIES ACT, 1961

Part I of the Act

1. INSPECTIONS for purposes of provisions as to health (including inspections) made by Public Health Inspectors.

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	30	126	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority	2,703	3,644	8	—
(iii) Other premises in which Section 7 is enforced by the local authority (excluding out-worker's premises)	104	76	—	—
Total	2,837	3,846	8	—

2. Cases in which defects were found.

Particulars (1)	Number of cases in which defects were				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Sanitary conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	36	36	—	8	—
(c) Not separate for sexes	—	—	—	—	—
Total	36	36	—	8	—

FACTORIES ACT

Part VIII of the Act – Outwork

(Sections 133 and 134)

Nature of Work (1)	Section 133		Section 134			
	No. of out-workers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel-making, etc.	57	—	—	—	—	—
Cosaques, Christmas stockings, etc.	17	—	—	—	—	—
Total	74	—	—	—	—	—

CLEARANCE AREAS NOT YET CONFIRMED

at 31st December 1972

Area	Houses	Families
Wolseley Street Clearance Area, 1971	34	34
Empire Street Nos. 1 & 2 Clearance Areas, 1971	585	576
Butler Street Clearance Area, 1971	14	14
Farnworth Street Nos. 1 & 2 Clearance Areas, 1971	11	11
Cottenham Street Clearance Area, 1971	412	407
Priest Street Clearance Area, 1971	26	27
Grierson Street Nos. 1, 2 & 3 Clearance Areas, 1971	39	38
Fountains Road Nos. 1 & 2 Clearance Areas, 1971	7	4
Sessions Road No. 3 Clearance Area, 1971	3	2
Melrose Road Clearance Area, 1971	75	76
Medlock Street Clearance Area, 1971	477	486
Brunswick Square Clearance Area, 1971	128	126
Fonthill Road Clearance Area, 1971	63	64
North Dingle Clearance Area, 1971	66	71
Hogarth Road Clearance Area, 1971	112	109
Melrose Road No. 2 Clearance Area, 1971	2	2
Bolesworth Street Clearance Area, 1972	11	8
Flaxman Street Clearance Area, 1972	103	102
Hallam Street Clearance Area, 1972	52	52
Harvey Street Clearance Area, 1972	200	198
Rosalind Street Nos. 1 & 2 Clearance Areas, 1972	115	119
Macbeth Street Clearance Area, 1972	224	227
Falstaff Street Clearance Area, 1972	4	4
Ashwell Street Clearance Area, 1972	6	6
Brassey Street Clearance Area, 1972	16	16
Lambeth Road Clearance Area, 1972	85	91
Bridge Road Clearance Area, 1972	35	35
Cambridge Street Nos. 1 & 2 Clearance Areas, 1972	21	20
Commercial Road No. 2 Clearance Area, 1972	7	7
Elstow Street Clearance Area, 1972	71	76
Harrowby Street No. 5 Clearance Area, 1972	115	106
Totals	3,119	3,114

COMPULSORY PURCHASE ORDERS CONFIRMED DURING 1972

Order	No. of Houses	No. of Families
Jupiter Street Clearance Area	32	36
Blenheim Street Area No. 7	15	14
Bostock Street Area	14	12
Spekeland Street Area	63	62
Tooke Street Clearance Area	34	35
Totals	158	159

CLEARANCE ORDERS CONFIRMED DURING 1972

Order	No. of Houses	No. of Families
Derby Grove	29	28
Sessions Road Area	12	8
Total	41	36

SUMMARY OF RODENT INFESTATIONS AND DISINFESTATIONS OF BUILDINGS AND LANDS DURING THE YEAR 1972

Description of Premises	Infestations		Reinfestations during the Year					Category		Total infestations and reinfestations	Total Remedied
	Premises	Rats	Rats and Mice	Mice	Premises	Rats	Rats and Mice	Mice	Major	Minor	
Shops	287	90	5	192	32	13	—	19	—	319	501
Factories	87	54	3	30	5	3	—	2	—	92	195
Warehouses	51	30	—	21	7	5	—	2	—	58	83
Dwellinghouses	1,818	667	—	1,151	226	56	—	170	—	2,044	1,919
Other buildings and lands	508	185	17	306	84	23	1	60	—	592	924
Food Premises (included in above)	(205)	(43)	(4)	(158)	(3)	(1)	(—)	(2)	(—)	(208)	(399)
Total	2,751	1,026	25	1,700	354	100	1	253	—	3,105	3,622

ATMOSPHERIC POLLUTION MEASUREMENT – 1972
 Smoke and Sulphur Dioxide Volumetric Filter
 Measurements are in microgrammes per cubic metre

SMOKE		SULPHUR											
		Jan	Feb	Mar	Apl	May	June	July	Aug	Sep	Oct	Nov	Dec
Hatton Garden													
Average Value	102	91	79	49	49	58	49	49	44	79	103	87	102
Highest Value	249	207	179	105	98	92	81	96	168	238	208	398	332
Lowest Value	42	15	22	8	19	6	23	20	27	34	27	14	139
Croxteth Hall													
Average Value	48	47	49	15	16	16	15	12	46	54	59	61	201
Highest Value	169	99	204	52	39	35	34	36	98	135	173	146	347
Lowest Value	10	3	6	3	1	7	1	2	14	8	15	14	7
Woolton													
Average Value	72	71	74	34	41	32	35	31	59	68	67	73	188
Highest Value	218	196	167	102	73	53	61	77	112	133	156	162	409
Lowest Value	28	29	5	17	15	8	19	17	25	31	30	31	40
Lark Lane													
Average Value	80	58	63	35	44	30	27	28	75	55	55	48	173
Highest Value	309	128	223	92	115	67	52	80	319	102	164	130	380
Lowest Value	15	15	14	12	14	12	12	10	32	19	9	12	70

Northumberland Street

Average Value	136	91	101	66	79	44	35	29	—	—	103	93	291	240	271	153	194	165	176	163	—	—	173	248
Highest Value	449	179	240	178	215	87	56	76	—	—	171	177	578	375	549	321	316	327	365	260	—	—	286	504
Lowest Value	44	19	32	37	22	24	14	13	—	—	47	37	166	140	153	71	105	95	94	92	—	—	101	114

Burroughs Gardens

Average Value	—	66	83	52	56	49	45	26	89	106	104	110	—	271	312	205	218	210	182	189	207	334	362	429
Highest Value	—	108	248	138	97	84	91	83	155	218	245	197	—	492	787	583	624	595	334	305	358	564	610	779
Lowest Value	—	6	18	33	14	10	23	4	52	39	26	31	—	178	122	110	85	47	71	95	100	210	217	295

Boundary Street

Average Value	111	72	87	45	51	53	29	31	82	110	117	124	253	273	291	214	244	206	212	169	237	393	352	438
Highest Value	430	186	305	157	112	102	72	87	146	218	436	424	506	381	563	312	468	389	373	323	373	556	497	769
Lowest Value	27	7	4	4	9	14	4	4	12	4	4	29	66	151	117	113	100	117	115	99	129	233	175	280

Northumberland Street did not operate between 19th August 1972 to 22nd November 1972.

**CARCASES AND OFFAL INSPECTED AND CONDEMNED
IN WHOLE OR IN PART – 1972**

	Cattle including Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed 221,426	28,037	—	123	92,750	100,516
Number inspected 221,426	28,037	—	123	92,750	100,516
	Cattle (excluding Cows)	Cows	Calves	Sheep and Lambs	Pigs
All diseases – except Tuberculosis and Cysticerci					
Whole carcasses condemned	3	26	27	483	266
Carcases of which some part or organ was condemned	163	286	—	1,257	2,039
Percentage of the number inspected affected with diseases other than Tuberculosis and Cysticerci	1.7	—	22	1.8	2.2
Tuberculosis only					
Whole carcass condemned	—	—	—	—	—
Carcases of which some part or organ was condemned	2	1	—	—	252
Percentage of the number inspected affected with Tuberculosis	0.01	—	—	—	0.25
Cysticerci carcasses					
Carcases of which part or organ was condemned	6	—	—	—	—
Carcases submitted to refrigeration	6	—	—	—	—
Generalised and wholly condemned	—	—	—	—	—

QUANTITY OF FOOD CONDEMNED FOR DISEASE OR FOUND UNFIT FOR
HUMAN CONSUMPTION – 1972

Food	Tons	Cwts	Qrs.	Lbs.
Beef, Mutton, Lamb, Veal and Pork	59	7	1	25
Offal	86	13	1	11
Fish	20	13	2	9
Poultry, Rabbits and Game	1	14	—	24
Fruit	263	7	5	12
Vegetables	271	18	3	26
Canned Goods	25	13	—	26
Sundries	8	9	2	21
Total	737	18	3	14

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